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ABSTRACT

This report presents the results of Phase I of an evaluation of the Murphy School District (MSD)-Department of Economic Security (DES) collaborative effort, one of the first interagency partnerships in the state of Arizona that attempts to address the needs of students and their families more effectively. The primary purposes of the evaluation are to: (1) document and describe implementation of the MSD-DES collaborative project; and (2) assess the outcomes of the collaboration on the service delivery system, and on students and their families. Early findings indicate that many of the collaborative's early goals have been accomplished; however, there are several challenges that must be overcome. The study also found that familiarity with, and ties to, the community among personnel is a strength of this collaborative. The school as the hub for services in the community is key to the initiation of this collaborative effort, but a view of the collaboration as a spider web may help to sustain collaborative efforts. The report also makes recommendations for next steps for the program and the evaluation. Appendices include sampling information, interview protocols, description of data sources, and a list of the types of services provided by community workers. (JE)

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# Collaborating to Serve Arizona Students & Families More Effectively:

## Phase 1 Report
## Evaluation of Murphy School District-Department of Economic Security Collaborative Project

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August 1994

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# EXECUTIVE SUMMARY

Far West Laboratory [FWL] was contracted by the Arizona Department of Education [ADE] to conduct the evaluation of the Murphy School District [MSD] - Department of Economic Security [DES] collaborative effort, one of the first interagency partnerships in the state of Arizona that attempts to address the needs of students and their families more effectively. In this report, work completed during phase I of the three-year evaluation of the Murphy-DES collaborative project is discussed. This brief summary provides an overview of the evaluation, a summary of major evaluation accomplishments during this period, some major findings and conclusions, and recommendations and next steps for the project and evaluation.

## Evaluation Overview

The primary purposes of the evaluation are twofold:

- document and describe the implementation of the MSD-DES collaborative project to provide services to Murphy students and families more effectively, and
- assess the outcomes of the collaboration on the service delivery system, and on students and their families.

The evaluation questions focus on two major areas using research and literature on service integration and interagency collaboration as a frame:

- How does the current system of service delivery operate and how does that system change over time?
- What are the effects of the MSD-DES collaborative effort on: 1) the system of delivering services in the district, 2) student performance, and 3) family stability?

To the extent that data is available, the evaluation would examine a fourth outcome, changes in the health status of Murphy students and families. The design of the evaluation combines qualitative and quantitative methods to provide the best possible description and assessment of implementation and outcomes.

## Major Evaluation Accomplishments: Phase I

For this first phase of the multi-year evaluation of the Murphy-DES collaborative effort, the major accomplishments and activities of the evaluation include:

- Established a strong interagency partnership with MSD, DES and ADE to accomplish the work of the evaluation;

- Analyzed the progress in implementation and changes in the system of delivering services in the Murphy School District to address the needs of students and their families more effectively;

- Developed a reasonable approach to monitor and track outcomes for students and families by constructing a reliable, low-cost data management system that links school and DES service data on students and families;

- Established baseline data (including identifying cohort and recipients of services) and began preliminary analysis of outcomes; and

- Produced this report on the first phase of the evaluation of this collaborative effort.

## Summary of Major Findings and Conclusions

***Nearly half of the students and families in the Murphy School District receive some type of DES public assistance benefits from the FAC.*** Of the 2,832 students and approximately 1,680 families that comprise the cohort, we estimate about 41% of these students and 46% of these families received benefits from one or more of the following three public assistance programs during the 1992-93 year: AFDC, Food Stamps, and Medical Assistance Only.

- ***In addition to the services the FAC and CPS unit provide, district community workers and school support teams (especially nurses) play key roles in the system.*** School support teams, and particularly district community workers, are the critical links between families and DES programs and services. Approximately 20% of the services the community workers provide to families are DES-related. Counselors and nurses, who along with school community workers, comprise the school support teams, are the primary link between the school and CPS. Nurses appear to play a key role in the service delivery system, often serving as the primary care provider for families; i.e. they are the initial contact when health needs and concerns arise for families.

***Many of the collaborative's early goals for this effort have been accomplished.*** In a relatively short period of time and using only existing resources, changes in how FAA services are delivered, particularly with respect to accessibility and quality, appear to have been achieved. Recent efforts of CPS, and especially the Multi-Disciplinary Team process, show similar promise.

***While the collaborative has made great strides in improving the service delivery system by bringing DES offices onto the school site, the effort now confronts several challenges that will greatly influence the effort's future success.*** The main challenges the project faces include: 1) maintenance of the original model, 2) tradeoffs in informality of communication and agreements, 3) institutional and attitudinal barriers to change, and 4) an appropriate system for follow-up and monitoring progress.

***Familiarity with, and ties to, the community among personnel is a strength of this collaborative and may be a critical component for replicability.*** One feature that seems critical to the success of this collaborative's efforts thus far is the strong ties to the community among key staff. For example, everyone cites the district and school community workers' familiarity with neighborhoods and families as a real strength. Moreover, they often live (or have lived) in the community and have children and/or themselves attended Murphy schools. Similarly, several FAC staff are former DES clients. From the operation of the FAC and CPS unit, this sensitivity to local concerns and needs can also be gained through on-going training and experience.

***The school as the hub for services in the community is key to the initiation of this collaborative effort; but a view of collaboration as a spiderweb may help to sustain collaborative efforts.*** The vision shared by Murphy staff of schools as the hub of services in the community has been realized. As the system currently operates, collaborating agencies, like spokes on a wheel, are connected to the hub, i.e. schools. This concept, popular in school-linked service efforts, is critical to the development and support of this project. But in the context of continual staff turnover within this project, greater interconnections between all agencies via communication and decision-making -- as the metaphor of a spiderweb suggests -- may be helpful in sustaining collaborative efforts in the long term by increasing ownership and responsibility for the effort among all partners equally.

## Recommendations and Next Steps

The Murphy-DES project has made great strides in bringing services closer to the students and families who need them and providing services in ways that are sensitive to client concerns and needs. But the project is at a crossroads -- with implementation of the FAC well underway, and development of CPS services moving forward, choices in strategy and services need to be made in order to move this collaborative effort on to another level or down a different path.

For the *project*, assuming the same level of resources are invested, we recommend:

- Revisit the goals and services of the collaborative effort

- Maintain model elements
- Strengthen communication systems
- Establish a system of governance and management at the interagency level
- Create simple data management strategies for follow-up and tracking at the service level
- Develop definitions and identifiers of "family"
- Explore use of a common, unique identifier such as social security number and/or family IDs to facilitate information-sharing among agencies

If expansion or additional resources are available, we recommend: 1) creating a case management system, and 2) developing an integrated data-management system.

Next major steps for the *evaluation* (assuming the same level of resources) include:

- Revisit outcomes and reduce number of indicators to a critical, meaningful set
- Explore what's feasible to expect and collect for comparison sites
- Design and conduct family interviews
- Assess how well Murphy's new student information system meets evaluation needs
- Continue comparative analysis of recipients/non-recipients of DES public assistance programs

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## I BRIEF HISTORY OF THE MURPHY-DES COLLABORATIVE PROJECT

In August 1991, one of the first interagency collaborative efforts in the state of Arizona was begun in the Murphy School District [MSD] with the opening of the Family Assistance Center [FAC] -- a local Family Assistance Administration [FAA] office and the first component of the partnership between the district and the Department of Economic Security [DES] to address the needs of students and their families more effectively. Frustrated by the inaction of the statewide committee for interagency collaboration on which they were both serving, the collaborative arrangements developed are the brainchild of the then director of DES, Linda Moore Cannon, and Dr. Robert Donofrio, Superintendent of the Murphy School district.

While the Murphy-DES collaborative has not developed according to a well-defined plan or grand design, key principles that underlie this collaborative effort's approach to the partnership include:

- a focus on family needs and stability, not just students
- reliance on existing resources
- emphasis on coordinating services and sensitivity to local needs and context
- reliance on informal agreements and simple strategies

These principles are implemented in two major ways. First, local FAA and CPS units are located on school and district sites using existing resources to make services more accessible to families, and give workers a better understanding of client needs and the neighborhoods they live in so staff can provide services more effectively. The agreement the two administrators struck was if DES would set up a satellite office, the school district would rent them space on district grounds for $1 a year. Second, simple ways to coordinate and collaborate on services that do not rely on expensive management information systems, additional administrative staff or extra funding have been utilized to reshape the service delivery system and better respond to local needs. For example, cross-training of DES and Murphy staff and periodic meetings to learn about and build more understanding of the programs and policies of each other's institutions have been used.

This report on phase 1 work focuses on the accomplishments of this collaborative effort thus far, including the progress made in bringing about changes, and the feasibility of the methodology the evaluation is developing to establish baseline data and monitor outcomes for students and families. Specifically, the report reviews the:

- Background of this evaluation and its methods
- Progress made in implementing these collaborative efforts and the changes in the system of delivering services
- Progress made in helping children and families
- Challenges and issues confronting the project
- Recommendations and next steps

# II EVALUATION: BACKGROUND AND METHODS

Far West Laboratory [FWL] was contracted by the Arizona Department of Education [ADE] to conduct the evaluation of the Murphy-DES collaborative project. Like the project, FWL has worked collaboratively and developed a strong interagency partnership with MSD, DES and ADE to accomplish this work. Representatives from each of these organizations comprise the management team for this project. In addition to in-kind contributions of time to discuss progress, data and comparison site issues, each agency has provided the following types of additional support during the first year:

- DES -- coordinate various divisions to provide necessary data; contribute facilities for meetings; provide a staff person for instrument design and interviewing; facilitate and finance Data Network for Human Services (DNHS) work on comparison school data; and integrate evaluation as part of the DES Office of Evaluation's three-year program evaluation plan

- MSD -- provide a staff person to research data availability and coordinate collection of grade and other student data; facilitate site visits and interview process; provide entrée and access to other programs and community-based organizations

- ADE -- provide demographic data and assistance for selection of comparison schools

The evaluation design has used a variety of strategies to capture changes in the system of delivering services to Murphy students and families, and gathered quantitative data from the MSD and its schools, DES agencies, the ADE, and DNHS in order to assess service delivery system changes as well as other changes in outcomes.

Evaluation activities in this first year focused primarily on periodically reviewing project implementation issues (including a comprehensive site visit in May 1994 to interview key staff in the FAC and CPS unit, district and each school), gathering baseline data and exploring comparison site and other data collection issues. In addition, the evaluation has also examined the feasibility of developing a reasonably cost effective approach to monitoring outcomes of students and families.

For the analysis of progress in implementation and changes in the system, we used several strategies including:

- A series of three meetings (April - July 1993) with FWL and the various partners who comprise the collaborative effort to re-define the collaborative and the overall project goals and outcomes;

- Periodic interviews and communications with district, FAC, CPS, and as needed, other agency or program staff to monitor and update changes and developments in the delivery of services by FAC, CPS and MSD staff;

- Review of documents, ranging from materials on the MDT pilot project and DES office memos on the FAC and CPS to documents such as FAC client surveys and community worker monthly records of the services they provide;

- Interviews with a total of 38 teachers, nurses, counselors, community workers, school and district administrators; eligibility, intake and investigatory workers, and local office supervisors for the FAC and CPS. Conducted in May, these interviews focused on: staff experience, roles and responsibilities, organization and implementation of services, project goals and objectives, communication and coordination strategies, and changes in attitudes and knowledge, quality of and access to services, and system of delivering services including perceived outcomes of the collaborative effort (see appendix A for more information on sampling criteria and sample characteristics, and appendix B for the interview protocols we used).

The section on progress in helping students and families focuses on the feasibility of merging datasets from schools, the district, and DES (and eventually, ADE) and development of a database to define the cohort of students and families, and establish baseline data for this cohort. In addition to basic information on our cohort, analyses of recipients versus non-recipients and the issues surrounding these analyses are explored. Primary data sources include (see appendix C for details):

- Extracts at different points in time from DES' AZTECS and APIS systems to obtain cash assistance and medical assistance eligibility and payment information on FAC clients

- Murphy district data on student demographics, enrollment and attendance

- Program data on student and/or parent participants

- District Community Worker logs

Other data collected but used less extensively include:

- School data on grades and attendance

- Sample of FAC client surveys

The discussion of challenges and recommendations are derived from our findings on the process and implementation of this collaborative effort as well as the methodological insights gained from developing an approach to examining the school and social service data for students and families in the Murphy school district.

# III PROCESS AND IMPLEMENTATION REVIEW: THE CURRENT PICTURE

Central to the Murphy-DES collaborative arrangement is the belief that by working in partnership with other service providers the needs of students and their families can be addressed more effectively. In August 1991, the Murphy Family Assistance Center [FAC] opened with 19 DES eligibility interviewers and other staff, specially recruited and trained to work outside their traditional roles and extend their functions. Located in a district owned building adjacent to the Garcia School campus, this local Family Assistance Administration [FAA] office (an administration of DES) provides families assistance with eligibility for AFDC, Food Stamps, AHCCCS (Arizona Health Care Cost Containment System, Arizona's version of Medicaid), JOBS program, and the Two Parent Employment Program [TPEP]. The establishment of a Child Protective Services [CPS] unit on the Hamilton School campus followed in January 1993. In addition to providing traditional investigation, children protection and welfare services, the unit is also one of four pilot sites for the development of prevention-focused Multi-Disciplinary Teams [MDT]. Begun in September 1993, the MDT brings together a broad range of community professionals working with families in which children are at risk of abuse and/or neglect for case consultation, technical assistance and support.

This section examines the progress made in bringing about changes in the way the *system* of services, especially social services, are delivered. Service integration theory purports that collaborative efforts to deliver children's services should make fundamental changes in their policies, procedures and job roles. Collectively, these changes are termed system changes since they seek to fundamentally overhaul current practices. First, we review the goals and expected outcomes of the partnership, before examining the major changes and accomplishments that may have occurred with respect to the organization and development of services, communication and coordination strategies, and quality of services.

## Project Goals And Outcomes

Throughout the course of the project, various goals have been expressed for the partnership to better provide educational and social services. For the district, four early goals for this and other partnerships to reach the superintendent's vision of community schools were:

1. *Cross training* for MSD staff in the CPS and DES policies and procedures,
2. Development of *expanded sources of childcare* for infants and toddlers,

3. Better MSD *staff understanding* of DES programs and organizational structure (e.g. 57 programs under InfoShare), and
4. Streamline, *coordinate and collaborate on the provision of educational and social services* to overlapping MSD/DES children and families to serve them more effectively.

In the beginning, specific goals for the FAC included:[1]

1. *Educating the people residing in the area about the services available to them.* It was thought that potentially eligible persons did not apply because they were unaware of the programs available or they believed themselves to be ineligible due to alien status.
2. *Decreasing individual caseloads.* The original FAC staff expected to have lower than average individual caseload levels in order to provide more personalized service with the necessary time for follow-up.

Specific goals for the CPS unit were not well articulated at the outset of operation. However, the MDT pilot project's goal is to formalize a commitment to collaboration among a broad range of professionals as a means to enhance the efforts of the community to prevent and treat child abuse and neglect.

The evaluation of the collaborative effort provided an opportunity to revisit and clarify the goals of the effort for the major partners, especially the various divisions of DES who comprise the effort. When this evaluation began, a series of three meetings were held between April and July 1993 with school district, DES and ADE staff to define the collaborative, and the overall project goals and expected outcomes. From those discussions, consensus on the following three broad goals for the project was reached:

- Improve the service delivery system (e.g. improve the quality, access, and communication/coordination; maximize resources/services used)
- Improve student outcomes
- Improve family stability

***Clarity About Goals.*** When we asked Murphy district and school, CPS and FAC staff about the goals of the collaborative effort, we found major differences in the amount of agreement and clarity about the goals for the three major components that comprise the partnership.

All staff tend to agree on the broad goals for the FAC. Everyone, from regular classroom teachers and principals to FAC eligibility interviewers view the FAC as a means of making social services more accessible through proximity of the office to families. By working more closely within one community, it is believed that

[1] Memos, other written documents and our interview with the FAC office supervisor are the primary sources for these goals.

FAC staff can develop more personal relationships and be more sensitive to family needs and concerns.

We found less agreement and clarity on goals and expectations for CPS both within the CPS unit as well as between the unit and others. CPS staff interviewed agree that the specific goals for the unit are still evolving and slowly becoming more focused as communication between Murphy district and school staff and CPS unit and other staff improves. However, agreement on the goals for CPS is less clear among district and school staff. On the one hand, we found some Murphy staff are not clear about the reasons for having a CPS unit located on campus; and a few teachers we interviewed were not even aware that a unit was located in the district. On the other hand, many school support staff such as nurses and counselors expected that by locating the unit at one school site Murphy children and families would get "additional" or "preferential" treatment such as a "quicker turn around in our referral process (to CPS)." One long term goal on which both CPS and a few school counselors agree is that the families' and communities' perceptions of CPS should change. With a greater presence in the community, it is hoped that children and families would be less afraid and more trusting of CPS staff, and eventually come to see CPS as a helping organization.

Finally, although the MDT's goal to strengthen community collaboration around the issues of child abuse and neglect is the clearest and best articulated in various written documents and materials, regular school and FAC staff who don't participate in the process are not clear about MDT goals; for example, many teachers and FAC staff we interviewed did not know the MDT exists.

Also of note, clarity about goals has changed over time. For example, while the FAC effort started out with clear goals, this has somewhat deteriorated. In contrast, although the CPS effort started out with diffuse and unclear goals, its goals are now becoming more defined.

## Changes In The Service Delivery System

### Organization and Development of Services

The FAC unit and the Murphy school district have actively worked to change how services are delivered to Murphy students and their families. With common agreement between school district and FAC staff that services needed to be more accessible to families and provided in a non-threatening and more personal manner, several major changes have been made.

**Major Accomplishments and Changes at the Family Assistance Center**

- Proximity and Size
- Better Meet Local Needs via Staffing and Training
- Expanded Roles
- Greater Collaboration
- Increased Awareness of Available Services
- Increased Total Caseload
- Staff Attitudes

### ♦ Proximity and Size

Before the FAC opened, DES' Thomas Road office served the Murphy School District area. In contrast to that office, which was occupied by over 300 employees and carried a total caseload of nearly 6,000 AFDC/Food Stamp cases, the Murphy Family Assistance Center opened adjacent to the Garcia School campus with about 19 employees and began with a total caseload for the office of approximately 1400 families in August 1991.

### ♦ Staff Selection and Training to Better Meet Local Needs

Greater sensitivity to local needs and concerns is accomplished in two ways: staff selection and specialized training. In addition to selecting volunteers, early selection criteria for FAC staff was based on employee work habits, organizational skills, flexibility, bilingual proficiency, ability to be a team player and desire to make a difference in the lives of the students attending Murphy schools. When the office opened, 58% of the staff were bilingual and this pattern continues with 55% of the staff bilingual.

Prior to the office opening, staff received specialized training in the following areas to better prepare them for their new roles:

- CPS: overview of the policies and procedures utilized by CPS
- DES InfoShare: overview of the various program within DES and a list of contacts for each program
- Family Systems: training on family dynamics, child development and cultural awareness and sensitivity

This training is no longer routinely provided to all new staff. But the local office supervisor regularly provides in-house training that emphasizes sensitivity to the local community and clients for new employees.

- **Expanded Roles**

A major change, the Family Assistance Administration [FAA] unit at the Murphy FAC differs fundamentally from other FAA units in the breadth of staff roles. For example, the Murphy FAC has combined the roles of office supervisor and unit supervisor. This means that in addition to managing more and different types of staff than a unit supervisor, the office supervisor handles a gamut of issues ranging from maintenance and administrative issues to training. As planned, eligibility interviewers (EIs) also have expanded roles. EIs are instructed to take an active role with their clients and are given the flexibility to do so; moreover, EIs report taking on these expanded roles. For example, EIs provide more assistance with filling out application forms and actively pursue missing information. EIs are also allowed to leave the office to see their clients in the community. Initially, EIs also focused on keeping in contact with their clients but this has become more difficult as individual caseloads have increased.

- **Greater Collaboration**

Another major change in roles at the FAC is the transfer of determination of eligibility of Emergency Assistance [EA] funds to the district community workers. This systems change was part of a larger effort by DES to contract out to community organizations to determine eligibility for emergency assistance. Because the eligibility rules for emergency assistance were simplified, families can now receive funds faster than before (usually within 24 hours). Collaboration with the FAC enables district community workers to determine eligibility, while accounting and check cutting procedures remain with the FAC.

- **Increased Awareness of Available Services**

The FAC staff we interviewed report the initial goal of increasing awareness about the services they provide was accomplished within the first year through their outreach efforts. In addition to roundtable meetings and new roles for district community workers (discussed subsequently), outreach is accomplished through the presence of FAC staff at school functions such as open houses. An information station, manned by a team of two FAC staff, is set up at each school so that questions concerning eligibility can be answered and information on available programs distributed. At least one person on each team speaks Spanish. In addition, applicants are encouraged to inform their friends and neighbors regarding the programs available to them.

- **Increased Total Caseload**

Some evidence that these outreach efforts have been successful in increasing awareness and accessibility is the increased size of the total office caseload. The caseload increased from approximately 1400 on August 15, 1991 to

approximately 2100 as of June 3, 1993, and currently is 2200. Likewise, individual EIs report that they have more cases now than when they began. (It should be noted that this increased caseload for the office is not without its problems. A lack of space, EI expectations for low individual caseload levels, and other challenges that this change represents are discussed in more detail in section five.)

- **Staff Attitudes**

Finally, interviews with FAC staff indicate staff feel very positive about their jobs -- especially among the staff who have worked in other offices. In part, this may be a matter of self selection. But both FAC staff and supervisors agree that staff are exposed to more programs and policies and therefore have more room for advancement and growth as well as the flexibility to take more responsibility than like positions in other FAA offices allow. Moreover, staff also enjoy the "camaraderie" of a smaller office, and the opportunity to see that they are making a difference in clients' lives. As one staff put it: "the most rewarding thing is being able to stay in contact with the clients. You get to watch them go from day one to self-sufficiency."

| Major Accomplishments and Changes at the CPS Unit |
|---|
| ♦ Greater Collaboration via the MDT |
| ♦ Improving Communication |
| ♦ Evolving Services to Meet Local Needs |
| ♦ Expansion of Services |

With less agreement and clarity about goals and expectations than the FAC had when it began, services are still evolving at the Hamilton CPS unit. New ways of delivering services have just begun and specific plans are yet to be developed. But the changes show promise for greater collaboration between CPS, the schools, and the community.

- **Greater Collaboration via the MDT**

Greater collaboration among organizations and agencies within the Murphy community is occurring as regular meetings of the MDT continue. About 30 professionals within the Murphy community ranging from hospital and police representatives to school and community based organization staff currently meet on a monthly basis to participate in two types of activities: 1) case consultation involving discussion of the problems and issues of concern with a focus on finding resources or approaches that will assist the child and their family, and 2) training and support via presentations designed to increase participant awareness

of the programs and resources in the Murphy community available for children and families.

Most people we spoke to consider it too early to tell what changes or outcomes will result from the MDT process, and feelings about the way in which it operates are quite varied. The MDT has been praised as a great opportunity to do preventive work and to try collaborative decision-making, as well as to learn about what other service providers are doing and what services are available in the community. At the same time, the MDT has also been criticized for having too many people and being plagued by disagreements between CPS and other MDT members over how to serve specific families. With the issue of child abuse and neglect such a critical and emotional one, some MDT members are frustrated that no direct outcomes have been seen yet.

- **Improving Communication**

In March 1994, regular meetings between CPS staff and the Murphy school and district staff were begun by the superintendent as a way to improve communication following concerns that arose during MDT meetings. School staff had different expectations and perceptions of what a local CPS unit would be able to do for schools. In addition, differences in personality and styles, attitudes towards sharing information and disagreements over how to handle cases created tensions in the relations between CPS and the school. Similar to the meetings the district held with school and FAC staff, CPS policies and procedures as well as school concerns have been discussed. The superintendent feels that out of these discussions are coming some ideas and they are "just now really breaking the ice and getting to the point where we understand one another."

- **Evolving Services to Meet Local Needs**

Recently, as a result of this greater communication between the CPS and school district, the unit is beginning to change how services are delivered in two ways. First, a school response team process has been established; pending approval, the unit plans to take referrals directly from the schools in emergency situations instead of the current process whereby referrals are sent to the central office and then reassigned to the Hamilton unit. Second, intake workers are currently being stationed at each school in the district for half a day a week to answer questions, provide inservice and develop stronger relations with children and school staff so that local needs can be better addressed. Specific plans for their role on campus are still being developed.

- **Expansion of Services**

In addition, the unit has begun to expand its services. In April, 1994, the office supervisor initiated a parent education program that provides parents and children

with an opportunity to participate in structured activities designed to teach parents how to involve themselves in activities which help promote normal childhood development. Building on routine visitations between children placed in foster care and their families that take place in the local unit office, the purpose of the program is to prepare parents to be able to interact with their child and strengthen the parent-child relationship in preparation for the child's return home. Currently, five or six families participate in this program.

**Key Features and Changes in District Services**

- Community Workers: Closer linkages to FAC
- School Support Teams: Link to CPS
  - Counselors: Crisis management teams
  - Nurses: "Primary Care" Providers
- School-community connections: home visits and coalitions
- More interagency collaborations

It should be noted that the MSD-DES partnership is just one part of, and the latest addition to, the district's ongoing efforts to build community schools. While there have been several major changes, especially in terms of expansion of support staff over the years, most of these changes occurred prior to the Murphy-DES effort. However, key features and changes in district services, especially ones that are closely related to DES activities, are reviewed here.

- **District Community Workers Role**

One of the district's earliest attempts to reach out to families and to the community was to create district community worker [CWs] positions to serve as the link between the home, school, and community. District CWs serve as the bridge between each school's on-site support team and other agencies, including DES, and especially the FAC. In addition, they operate a food bank, clothing and furniture closet. One of the real strengths of the district CWs is their strong ties to the district and community. Both workers have worked for the district for more than 15 years, live in the Murphy School District, and are even graduates of Murphy schools.

Since the FAC opened, the community workers' role has expanded into other areas such as administering emergency assistance funds, and their importance to the collaborative effort has increased. In order to obtain a more accurate picture of their role, the services they provide, and their link to DES, we categorized and

compiled data from the monthly records that the CWs keep of whom they service and the type of services provided.

As shown in table 3.1, roughly four types of services account for nearly three-quarters of the services that the district CWs provided to families during the 1993-94 school year: crisis assistance, emergency assistance, seasonal and special program administrative assistance, and FAC-related services. (A more detailed breakdown on the types of services CWs provide is included in appendix D)..

**Table 3.1: Types of Services Provided by District Community Workers**

| Type of Service | Total Services Provided<br>Number (N=955) | Total Services Provided[2]<br>Percentage |
|---|---|---|
| Crisis Assistance | 407 | 42.6% |
| FAC-related | 68 | 7.1% |
| Emergency Assistance & HRC | 89 | 9.3% |
| Medical | 30 | 3.1% |
| Employment | 18 | 1.9% |
| Housing | 22 | 2.3% |
| CPS-related | 5 | 0.5% |
| Domestic issues | 19 | 2.0% |
| Seasonal & Special Program Assistance | 132 | 13.8% |
| Social Security (benefit & assistance) | 17 | 1.8% |
| Other coded services | 50 | 5.2% |
| Other uncoded services | 98 | 10.3% |

[2] It should be noted that most, but not all, of the services or activities that district community workers offer are listed here. As important, these percentages do not accurately reflect the amount of time spent in each of these activities, i.e. locating housing or dealing with a domestic issue could take more time than a review of eligibility and referrals to the FAC for Food Stamps.

Nearly half of the services district CWs provided during the 1993-94 school year are emergency oriented. Specifically, slightly more than 40% of the services CWs provided went to meet the basic needs of children and families such as food and clothing. These services are classified as crisis assistance to distinguish them from the provision of funds for emergencies [EA] or referral to the City of Phoenix's emergency assistance program, Human Resource Center, that account for about 10% of the services CWs provide. Utilities and housing assistance (e.g. eviction or rent assistance) are the primary areas in which families needed emergency funds. Another large part of the district CWs role (about 14% of services they provide) is to assist with the administration of special seasonal or holiday oriented assistance programs such as Christmas related assistance programs (e.g. Adopt a Family) and a back to school clothing campaign. Finally, services directly related to the FAC account for a considerable proportion of the services CWs provide (about 7%). The category FAC-related services includes general information about AFDC and Food Stamps programs, and FAC services as well as referral and assistance with FAC-related services such as assisting families who have problems with late benefit checks, and acting as the link between the FAC and recipients of FAC services.

Interviews with FAC staff, school staff, and the district CWs support this data regarding the critical linking role CWs play between DES and the schools and parents. District CWs actually provide more DES-related services than is shown in table 3.1 because other categories besides the FAC and CPS-related categories include DES services. For example, assistance with AHCCCS eligibility is included in the medical category and referral to the Two Parent Employment Program [TPEP] -- a DES program -- is classified under employment. We combined all categories and sub-categories of services that are related to DES and table 3.2 shows that roughly 17% of the services provided by the district CWs are related to DES.

**Table 3.2: DES-related Services Provided by District Community Workers**

| Type of Service Provided | Number | Percentage |
|---|---|---|
| **DES-related** (AFDC, Food Stamps, EA, AHCCCS and TPEP eligibility, CPS referrals, and other DES issues) | 160 | 16.8% |
| **Other non-DES-related** | 795 | 8.2% |

♦ **On-Site School Support Teams**

The district has also established a strong support team at each school consisting of a counselor or social worker, nurse and school-community aide. Both counselors and nurses serve as the *primary link between the school and CPS*, with responsibility for reporting and referring students to CPS. Counselors, some of whom are social workers by training, also provide for the mental and emotional health needs of students and families through individual or group counseling, or referrals to other organizations. The head counselor has additional responsibility for coordinating counseling services and needs in the district. Last year the head counselor established *crisis management teams* at each school to deal with bereavement issues. With several student deaths in the past year related to gangs and drive-by shootings, she trained other counselors and social workers to deal with these issues. These teams coordinate with the district CWs who usually act as the liaison for facilitating funeral arrangements.

Each school also has a full-time school nurse and school community worker. Together, they are responsible for attendance as well as issues of students and their families ranging from transportation for appointments, first aid, and vision screenings to sex education, administering medications and meeting basic health needs such as food and occasionally, showering students and dealing with head lice. According to staff and the nurses themselves, most of the parents view the school nurses as their *primary care providers* -- coming to see them before they call a doctor, or waiting until they can see the nurse on Monday when a concern arises on the weekend. Apart from the expense, parents do this because "they trust us and know we could care less about their (immigrant) status."

♦ **School-Community Connections**

While schools and communities are connected in several ways in the Murphy district, two ways that emphasize prevention and collaboration are described here. *Home visits* by classroom teachers at the start of each school year is one way schools are better connected to the community. In the Murphy school district, teachers are required to make home visits to as many of their students homes as possible. Begun by the superintendent, this is an opportunity for teachers to get to know their students and their families better, and outside of the school context -- though our interviews indicate not all teachers participate.

Murphy schools have also established better community connections through the *neighborhood coalitions* that each school established as part of Project CARE (Community Alliance Resource Effort), a federally funded comprehensive community action program aimed at alleviating alcohol and substance abuse related problems by creating an infrastructure of prevention/early intervention programs. Established in January-March 1992, neighborhood coalitions, or community prevention teams, continue at each of the schools even though project

funding and staff ended in September 1993. Block watches, neighborhood clean-ups, building demolitions and closures, and participation in training opportunities in gang prevention and community mobilization strategies are some of the major activities of the coalitions. In addition to direct work within the schools such as volunteers as readers for a reading program, the business coalitions have also been important resources for financial and other donations

- **Other Major Interagency Collaborations**

Finally, it should be noted that Murphy has more than 40 partnerships with other agencies and organizations to provide for the wide range of needs of Murphy students and their families. For example, behavioral health services provided by Valle del Sol and Friendly House (both community based organizations), supplement the work of school counselors. The fact that many of these counselors are bilingual complements the language abilities of school counselors. Some of the key collaborations and services provided are listed in table 3.3.

**Table 3.3 Other Major Collaborations in the Murphy School District**

| Name of Program/Service | Clients | Services Provided |
|---|---|---|
| Behavioral Health Services (Valle del Sol and Friendly House) | Children and Youth | Intake worker and case manager provide counseling; individual and group therapy for troubled students |
| Adult Education and Literacy (Phoenix Union High School District; Chicanos por La Casa) | Parents | ESL, GED training |
| Conocimiento (Southwest Human Development Center) | Families with children ages 0-5 | Parenting counseling and support, child development, referral to services, and academic/career assistance for siblings leading to family self-sufficiency |
| Wrap-Around Head Start | Children ages 4-5 from low-income families | Full-day Head Start that includes pre-school training and health and nutrition support |

## Communication and Coordination Strategies

In general, with the exception of the establishment of roundtable discussions and the initial cross-training of staff, there have been very few changes in patterns of communication or strategies for coordinating services to students and families. Communication *within* the local units and schools is frequent, but informal. Staff at the FAC, CPS, and district report frequent informal communication with their colleagues.

There are also regular meetings of people in similar positions within these organizations. For example, at the FAC, weekly unit and monthly office meetings

are held. Similarly, nurses and counselors each meet monthly to coordinate services between schools and district support staff. Typically, school and district support staff also meet as an entire group (e.g. nurses, counselors, district CWs) twice a year.

Currently, there is a referral form within the school for referrals to counselors and nurses, though it isn't used consistently. Typically, teachers who have concerns about a particular child's need will make a referral to the school nurse or counselor. In cases of suspected neglect or abuse, some teachers refer the problem directly to the principal. While on occasion, some teachers might refer families directly to the district CWs or the FAC, in general, regular classroom teachers typically rely on the school support team as the link to the FAC, CPS, and other agencies. In turn, school support teams view the district community workers as the social service experts, and generally refer families with DES-related needs directly to the district community workers. They make direct referrals to other agencies such as CPS for concerns about neglect and abuse, and Lion's Club for vision needs.

Follow-up is also handled informally within the district and with other agencies. Opinions vary as to how well this system works. On the one hand, some feel the system works well and there is little duplication of effort. A couple of teachers felt this system of referral is better than before when they had to make direct referrals because they now spend less time trying to find the appropriate resources. On the other hand, others complained of the lack of feedback on the referrals they've made, particularly with their interactions with CPS.

Currently, there are three primary strategies for coordinating and collaborating on services that are provided to Murphy children and families. In addition to MDT meetings described previously, cross-training and roundtable discussions were initiated to better coordinate services. However, both are less frequent now.

***Cross-training*** of the district community workers was a key factor in initially coordinating the families, schools and the FAC. Both district community workers are trained to review eligibility for emergency assistance funds and have signed a letter of confidentiality that allows them to obtain relevant information on families at DES offices. They have also been trained on eligibility requirements and intake procedures.

***Roundtable discussions*** provide workers with an opportunity to share their experiences. When the FAC began, monthly roundtable discussions between FAC staff, school counselors, nurses and community workers were held in which information-sharing, planning and procedural issues were addressed. Run by the superintendent, the roundtables began as a way to introduce the DES workers to the school and district teams. Early discussions focused on the various programs each offered, while later topics focused more on updating and planning. Over

time, however, as workers became more familiar with each other, they felt frequent meetings were no longer necessary and that it took away from time they could spend providing services. Thus meetings moved to a quarterly basis and this year, only one roundtable discussion between FAC and Murphy staff was held at the start of the school year. With so many new workers at the FAC, however, both district and FAC staff have expressed a need and interest in reviving the regular roundtable discussions in order to acquaint new staff and update others on each other's programs and policies.

Of note, communication between FAC and CPS staff is very limited. FAC staff do not participate in MDT meetings and FAC staff report less contact and communication with CPS staff than before the CPS unit was located at Hamilton. Moreover, roundtable discussions with district and school staff are held separately.

## Quality of Services

Overall, there is consensus that the quality of services has improved through the Murphy/DES collaborative effort. Most of those we interviewed attributed this improvement to the FAC while very little improvement is attributed to the CPS unit. This evaluation used several indicators to determine improvements in quality of services: 1) improvements in accessibility of services, 2) more culturally and linguistically appropriate services, 3) focus on prevention rather than crisis intervention, 4) focus on family instead of child, and 5) more frequent contact with families.

- **Access**

Access to services is one of the main measures of quality since families need to be able to receive services to make improvements in their lives. Murphy families had previously had difficulty accessing services because they had to arrange transportation and child care to receive services. On-site services were intended to relieve many of these barriers to access.

There is consensus among nearly all we interviewed that the Murphy/DES collaborative has improved access to services for families. Interviewees stated that having the FAC and two district community workers on-site has made it easier for families to receive services. This has helped alleviate transportation barriers. Having these services on site has also made it easier for school service providers such as nurses, counselors and community workers to refer families to services they need.

Data from the FAC client surveys provide additional support for these perceptions. In response to an open ended question about what they like about the

FAC, "location", "being able to walk to the office" , and other responses about accessibility are mentioned most frequently.

However, not all parts of the collaborative effort have improved accessibility. In contrast, there was less consensus that having the CPS unit on-site has improved access. Many interviewees criticized CPS for not being sensitive to the school district's needs. Since CPS did not bend its rules or change its procedures until recently, service providers and school staff that deal with CPS have not been able to directly refer or discuss Murphy students and families with the local unit. Service providers also complained about a lack of improvement in accessibility to CPS. They did not get any more follow-up than they did in the past when CPS was not on-site. However, both CPS and FAC workers believe they have better community access and are beginning to do prevention-oriented work.

- **Cultural And Linguistic Appropriateness**

Since many Murphy families are Spanish-speaking, services must be delivered in a manner that is culturally and linguistically appropriate to be effective. Both CPS and FAC staff cited that services were more culturally appropriate than before. Both CPS and FAC staff receive cultural awareness and sensitivity training. Some service providers stated that people who have had past economic difficulties find it easiest to provide culturally appropriate services since they have an acute understanding of what it is like to be poor. Providers from more stable economic backgrounds say that they have learned to be less judgmental and more culturally sensitive.

Services for Murphy families are somewhat more linguistically appropriate than before the collaborative effort. The FAC has made the largest effort to recruit bilingual staff. When the FAC came to the Murphy campus, 58% of the staff were bilingual and despite high turnover (only three of the original staff members remain), they have maintained this proportion. In contrast, CPS has no bilingual workers and must call to other CPS offices to do translation. Among school support services staff, about 45% are bilingual. One of three counselors is bilingual, all four community workers are bilingual, and no nurses are bilingual. (Other school staff and agency support staff such as counselors are also bilingual.)

- **Preventive Services**

Emphasis on preventive services means that many financially costly problems can be avoided by early investment. Consensus was that services for Murphy families are still very crisis oriented but there is acknowledgment that the school must move towards prevention. One interviewee estimated that services are about 50% crisis intervention and 50% prevention, but most believed that there is far more emphasis on crisis intervention.

The current emphasis on crisis intervention is the result of a long history of developing services that intervene only at a time of crisis. For example, CPS is perceived as fundamentally crisis-oriented and has little flexibility to change. However the MDT is perceived as a positive move towards prevention. In addition, Murphy also tries to do some prevention work by teaching drug and alcohol abuse prevention through the school counselors.

- **More Family Focused**

Another mark of quality services is movement from a child to family focus. Focusing on the child in isolation of the family ignores the fact that children's well-being is greatly influenced by their home environment. Bringing the FAC and CPS units on-site is a fundamental acknowledgment that services must be more family focused. However, at the school level, staff believe they are naturally child focused since their objective is to teach children. Support staff realize that the school should be more family focused. As a result, some schools have clothing banks and provide food boxes.

- **More Personal And Frequent Contact With Families**

A final indicator of quality is whether service providers have more frequent and personal contact with families. District Community Workers, FAC and CPS workers believe that they have more personal contact with families. The convenient locations of their offices and repeated contact with individual families have enabled them to attach names with faces and see the children they are helping. This helps workers to understand families' backgrounds better. One DES worker stated that it makes providers kinder and that the atmosphere in the offices is warmer than other DES offices.

School support services staff have some degree of increased contact since families are more apt to come on campus now that there are on-site services. This was particularly true at Hamilton and Garcia where the FAC unit and nonprofit counseling services such as Conocimiento are located. Teachers generally do not have increased contact with families due to the Murphy/DES collaborative. However, teachers are required to do home visits at the beginning of each school year to get to know their students' families.

# IV PROGRESS IN HELPING STUDENTS AND FAMILIES

A key challenge for this evaluation has been to develop a low cost data management system to track outcomes among students and families. With good cooperation from, and data-sharing agreements with, the three agencies, the issue has been more one of how to merge and manage data on outcome indicators than whether we could obtain it. In the absence of common unique identifiers or forms and with few resources, a major focus of the evaluation in this first year has been to develop a reasonable approach to linking school and social service data on students and families. As discussed in this section, our approach has attempted to link data across the several data systems used by the school and district, and DES (and eventually, ADE).

It is too early to expect widespread improvements among children and families in the Murphy district. This is particularly true for outcomes that are slow to change, like school performance. While the FAC has been operating for about three years, the CPS services offered in Murphy just began last year, and MDT services are even newer.

Data is just now available to characterize the cohort of students that comprise the study sample as well as some data to characterize those students being served. An initial analysis of this data is discussed in this section. In addition, we also take a preliminary look at one outcome indicator of family stability, student mobility and the perceived outcomes of this collaborative effort to-date.

## Feasibility Of Linking Students And Families

Several strategies are part of the evaluation design to monitor outcomes for students and families including interviews with families and the use of available data sets. For example, in addition to an electronic system for tracking enrollment and attendance, within the district there are several sources of potentially useful data ranging from community worker logs and school referral forms to data on student and family participants in different programs.

But linking data from different data sets within the school district and between the different agencies has been far more complex than we had originally anticipated. Our efforts to analyze and code district community worker logs are a good example of the difficulties we encountered in attempting to use existing data sets

and merge them with others. Using this example to illustrate the challenges in this task, the issues that have made this task particularly difficult include:

- *Time and labor intensive*: Additional time has been needed to collect and review the district community worker monthly logs. Apart from the need to record all data into an electronic database, we had to review and verify information with the community workers because service categories were not consistently noted across different months of data and other problems reviewed below.

- *Challenge of handwritten data systems*: Much of the potentially useful data in the district is kept on handwritten record keeping systems. Data on parental participation in neighborhood coalitions, family math and science programs, and GED classes are kept on handwritten sign-in sheets, for example. Similarly, referrals forms used in the school are also handwritten. Our experience with the district community worker logs highlighted several problems. We found handwriting styles difficult to read because different abbreviations and spellings are used for the same service or name. In addition, the two community workers use slightly different coding schemes, even within their own logs.

- *Lack of a common unique identifier*: Even when we were able to read and code entries, linking data sets is difficult because of the lack of a common unique identifier. The district currently has a student ID number that is relatively unique, but it is not used by other programs. For example, the migrant education and Headstart program both utilize electronic systems for keeping their data. But there is no common, unique indicator such as social security number (SSN) to easily match other data systems in the district.

- *No concept or definition of family within datasets*: Within both the school and DES data, the emphasis is on clients, not families. For the district, the focus is on students and a complete record of members of a family (e.g. siblings in school as well as parents) is not consistently kept. While addresses and parent/guardian names kept for emergency contacts are one possible indicator of family groups, given mobility in the district, and changes in the marital status of parents and with whom students live, it is difficult to match these variables because data is often from different points in time. DES identifies clients by case numbers that tend to rely on households, instead of families. Although the district community worker log information is the most "family" oriented because entries are based on parents, parents are not linked to students.

These issues have made it difficult for us to merge different data on students within the district. The problem is made more complex when trying to match data

sets across agencies since there are fewer common variables to match against and management systems are quite different.

**Method Used: A Reasonable Approach**

In light of these difficulties, we took the following approach to construct a database to monitor and track outcomes for students and families for the cohort of interest using the limited time and resources available for this task. The primary objective was to produce a reliable database, useful for quantitative analysis of the various programs and services, that would be created within the limits of our small budget. In fact, because many collaborative efforts like the Murphy-DES project do not typically have strong data collection or management systems in place to monitor student and family progress and also try to rely on existing resources. We searched for, and used, the simplest techniques whenever they seemed acceptable. Overall, we feel our approach generated an acceptable database, both in terms of reliability and cost.

For our baseline and outcome measures, almost all data collection was from existing data repositories; we did not initiate new data collection efforts for either student or DES information.

- **The student file.**

The first step was to construct a student file of the analysis cohort. We requested, and were given, end of year snapshots of all students in the district. The end of year snapshot contained all students who attended the Murphy's District at any time during the year. We modified this file by removing students who were no-shows in the Fall 1992 or who were listed as dropped during the first two weeks of the school year. This group from the 1992-93 school year formed our analysis cohort.

- **The DES-client data file.**

In order to obtain information for this cohort from DES, we provided DES with a tape of all student names with specific demographic information, such as birthdate, parents' names, and address. DES used this tape to search the AZTECS and APIS system files for matches (see appendix C for details). The universe of this search included all records of children ages 5-14 receiving DES public assistance during the period August 1992 through July 1993 within the zip code area that includes the Murphy district's attendance area. The initial search criteria required a match of the first three initials of the student's last name and an exact match on birthdate. DES returned to us their matched tape with some 27,000 records of possible matches (i.e. many students had 12 or more matches since 12 consecutive months of tapes were searched and a record was recorded for each month).

- **The cohort public assistance benefits file.**

To construct a file with DES public assistance program information for students in the cohort who are recipients of benefits, we only worked with matched records that appeared to be from a student in the Murphy School District. That is, while we were given all records in the search universe, we did not sift through records in the unmatched part looking for additional matches using alternative criteria to the last name plus birthdate criteria. This seemed too time consuming an effort for the initial analysis phase.

Instead, we used a more extensive name matching criteria, and reduced this file to unique records for each student that now includes both social security numbers (SSNs) and student ID numbers from the Murphy District. This final file was used to produce the DES benefits estimates.

As a simple check on our procedures, we used 64 SSNs from another source and checked the reliability of the SSN matches from the DES file. We found 60 of the records matched, while only four students had different numbers.

- **The community worker services file**.

We also constructed a file of the services district community workers provide to Murphy families. Using monthly logs of each district community worker, we created a file that includes records of all visits made to the two community workers, the service(s) provided and the recipient of those services for the period September 1993 through May 1994. Services were coded in 36 categories, based on our analysis and further communication and review by community workers. Using recipient's name and address as the search criteria, we matched records to develop indicators of family groups and frequency of visits.

**Key Definitions**

- *Who is the **cohort**?*

For this study, any student enrolled during the 1992-93 school year in the Murphy district who showed up in Fall 1992 and did not withdraw within the first two weeks of the school year is part of the study population.

- *Who are **recipients of public assistance programs**?*

Using the full last name and first four initials of their first name as the search criteria, any student for whom we found a match in the DES file is included as a recipient of social services.

- *What are the **DES public assistance programs used in this analysis**?*

From the DES service information, we've used three public assistance programs as measures of social services: Aid to Families with Dependent Children (AFDC), Food Stamps (FS), and Medical Assistance Only (MAO). It should be noted that most, but not all, recipients of AFDC benefits also receive Food Stamps. In addition, the MAO program includes families that do not qualify for AFDC cash assistance, but do qualify for federal and state medical assistance.

- *What is a **family**?*

Given the emphasis on families within this collaborative effort, defining families within the cohort is important but has proven to be particularly challenging. Since neither the district nor DES data have readily available measures of the number of families served, we experimented with a couple of approaches to give us a preliminary and conservative estimate of the number of families within the cohort who receive particular types of services.

A first review of the DES file, looking at case numbers as a possible indicator of family groups, showed that some children had more than one case number identifier. This problem, combined with the fact that many students in the Murphy school district are not part of the DES files, led us to conclude that it was better to rely solely on the Murphy student files to build family units.

We used the full first and last name of a student's mother to create a measure of the number of families served in the Murphy district who receive public assistance benefits. We feel this is a conservative estimate because it underestimates the numbers of families served since approximately 191 students (or roughly 60 families) live with someone other than their mother (e.g. father, guardian, or stepfather).

We also took a conservative approach to estimating the number of families served by district community workers. For the people who receive services from the district community workers, we matched the name of the person receiving services across the various months for which we had data to create a measure of the number of families served in the Murphy district on a monthly basis. Misspellings of names and other nuances were taken into account to obtain a reasonably accurate picture of the number of families receiving services.

Finally, we experimented with matching those families receiving services from district community workers to the student files in an attempt to get a better picture of family service structures. One useful match criteria that would facilitate linking parents to students is the child's name. However, the community worker records do not include children's names. In addition, addresses seemed a less

reliable measure.[1] Therefore, we used the service recipient's full first and last name as the match criteria. Searching the student file, we were able to match 131 of 511 family records.

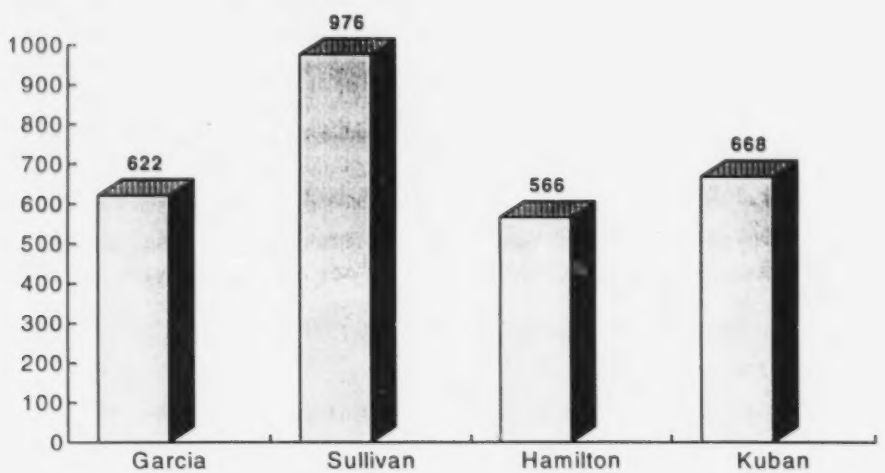
## Baseline: The Cohort And Services Received

During the 1992-93 school year, 2,832 students were enrolled after September 15th for some period of time in one of the four Murphy schools; this group comprises our cohort. Our initial estimate of the number of *families* in this cohort is 1,680 families (see previous section on definitions for more detail).

### Characteristics of the Cohort

As shown in figure 4-A, with the exception of Sullivan Elementary, student enrollment across the district is roughly comparable[2]. Of this cohort of students, 1481 are male and 1351 female with roughly equal number of boys and girls at each of the four schools.

**Figure 4-A: Enrollment of the Cohort by School in Base Year (1992 - 1993)**




[1] Address is the only other common variable between the datasets. However, we felt this was not particularly accurate for several reasons: 1) addresses from the student dataset are older than the ones from the community worker logs; 2) many of the community worker records did not include addresses; and 3) addresses are written in multiple ways in both datasets.

[2] The cohort (N=2,832) represents the unduplicated count of all students enrolled throughout the year. At any given point in time, enrollments at each school are considerably lower than depicted here.

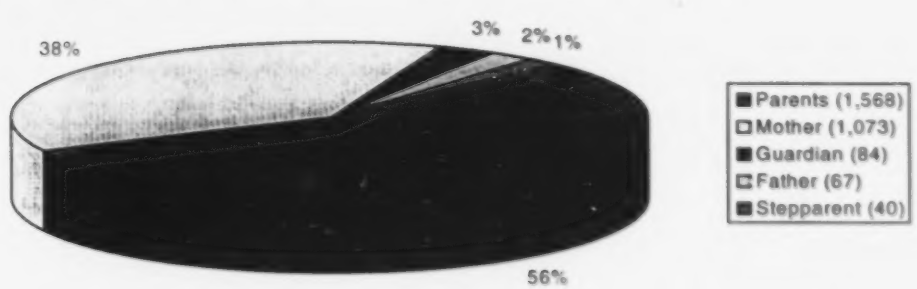
Ethnically, students in the Murphy district are largely Hispanic (82%). While Kuban has a considerably larger white Anglo population than other schools, and both Sullivan and Hamilton have sizable populations of Black students as compared to the other two schools, table 4.1 indicates that other differences in the ethnic breakdown of students are relatively minor.

**Table 4.1: Ethnicity Of Cohort By School**

| | Garcia | | Sullivan | | Hamilton | | Kuban | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Hispanic** | 550 | 88.4% | 807 | 82.7% | 460 | 81.3% | 503 | 75.3% | 2,320 | 81.9% |
| **White** | 61 | 9.8% | 63 | 6.5% | 21 | 3.7% | 137 | 20.5% | 282 | 10.0% |
| **Black** | 6 | 1.0% | 89 | 9.1% | 59 | 10.4% | 7 | 1.0% | 161 | 5.7% |
| **Native American** | 2 | 0.3% | 17 | 1.7% | 24 | 4.2% | 18 | 2.7% | 61 | 2.2% |
| **Asian** | 3 | 0.5% | 0 | 0.0% | 2 | 0.4% | 3 | 0.4% | 8 | 0.3% |
| **Total** | 622 | 100% | 976 | 100% | 566 | 100% | 668 | 100% | 2,832 | 100% |

Our data from the district also indicates that slightly more than half of the students in the cohort live in two parent families and more than a third live with their mothers (see figure 4-B below.)

**Figure 4-B: Cohort Living Status, 1992-93**
**(N = 2832)**



## Services to Students and Families

As of July 1994, we can report some basic information on the recipients of district and social services. However, given different record keeping systems and the challenges discussed earlier in relation to developing a data management system, issues of matching some program and service information to individual students and families still need to be resolved. When possible, we report information for families, as well as students, although data for families is not yet available for all areas of interest.

### ♦ Recipients of District Services

At this time we are not able to match program participant information to individual students. However, information in table 4.2 indicates the number of students in the cohort being served by some of the major educational and early childhood programs of interest during the base year.

**Table 4.2: Cohort Program Participation, 1992-93**

| | Number of Students Participating |
|---|---|
| **Headstart** | 160 |
| **Conocimiento** | (43 families) |
| **Chapter 1** | 1,212 |
| **Limited English Proficient** | 817 |
| **Migrant Education** | 128 |

We are able to report on the families served by community workers during the 1993-94 school year. Our analysis of the data from district community worker records indicates that in the last school year, 511 families received services from the district community workers, with an average of 57 families served each month. Table 4.3 shows the breakdown of the number of families served at each school by month during the 1993-94 school year.

**Table 4.3: Number Of Families Receiving District Community Worker Services (September 1993-May 1994)**

| Month | Garcia | Hamilton | Kuban | Sullivan | out of district | missing | Total |
|---|---|---|---|---|---|---|---|
| **Sept.** | 16 | 4 | 16 | 7 | 3 | 11 | 57 |
| **Oct.** | 10 | 1 | 6 | 7 | 7 | 6 | 37 |
| **Nov.** | 25 | 2 | 25 | 14 | 16 | 4 | 86 |
| **Dec.** | 11 | 1 | 4 | 8 | 2 | - | 26 |
| **Jan.** | 8 | 4 | 4 | 5 | 5 | 10 | 36 |
| **Feb.** | 9 | 8 | 23 | 6 | 1 | 6 | 53 |
| **Mar.** | 12 | 4 | 8 | 7 | - | 6 | 37 |
| **Apr.** | 12 | 3 | 8 | 7 | 7 | 7 | 44 |
| **May** | 27 | 9 | 17 | 20 | 7 | 55 | 135 |
| **Avg.** | 14.4 | 4.0 | 12.3 | 9.0 | 5.3 | 11.7 | |
| **Total:** | 130 | 36 | 111 | 81 | 48 | 105 | 511 |
| **Average number of families served per month = 56.8** | | | | | | | |

With the exception of Hamilton, the number of families served from each school is reasonably comparable relative to their student enrollments. Two related factors appear to account for the considerable difference in the number of families served at that school. With a housing project located nearby, district community workers indicated that emergency assistance for rent and utilities (which comprises a substantial proportion of the services they provide) is less necessary for Hamilton families. Second, there are several agencies directly connected to the housing project that provides services. When combined with the fact that the lead nurse, who has been in the district for 20 years and is very familiar with community resources, is located at Hamilton, the number of referrals to the district community workers is much lower than at other schools. Finally, our inability to assign approximately 20% of the families to a school (or the out of district category) may be another factor.[3]

Interestingly, nearly 10% of the families served are from outside the district. According to the community workers, these are primarily families who used to live in the Murphy area or whose children attended Murphy schools with the occasional referral from friends and relatives.

[3] In most cases, we were unable to assign families to a school because school information was not consistently recorded.

As the table suggests, November and May are particularly intensive months. Further analysis indicates that seasonal programs for which the community workers provide assistance are the primary reason for this difference. For example, in November, district community workers assist with the administration of Thanksgiving foodboxes and the Adopt A Family Christmas program. In May, they help administer the Back to School Clothes program in which families get a new outfit for each child for the upcoming school year.

We also examined the frequency of services received (see table 4.4 below) to obtain a better picture of service utilization: i.e. are the same or different families utilizing district community workers services? Of the 511 families that have received services, slightly more than a quarter of these families (n=133) have visited the district CWs more than once. This accounts for over half of the total number of visits made during the 1993-94 school year.

**Table 4.4: Service Utilization: Number of Families Served by Frequency of Visits**

| Number of visits (N=764) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 or more |
|---|---|---|---|---|---|---|---|---|
| Number of families (N=511) | 378 | 77 | 26 | 15 | 6 | 5 | 2 | 2 |

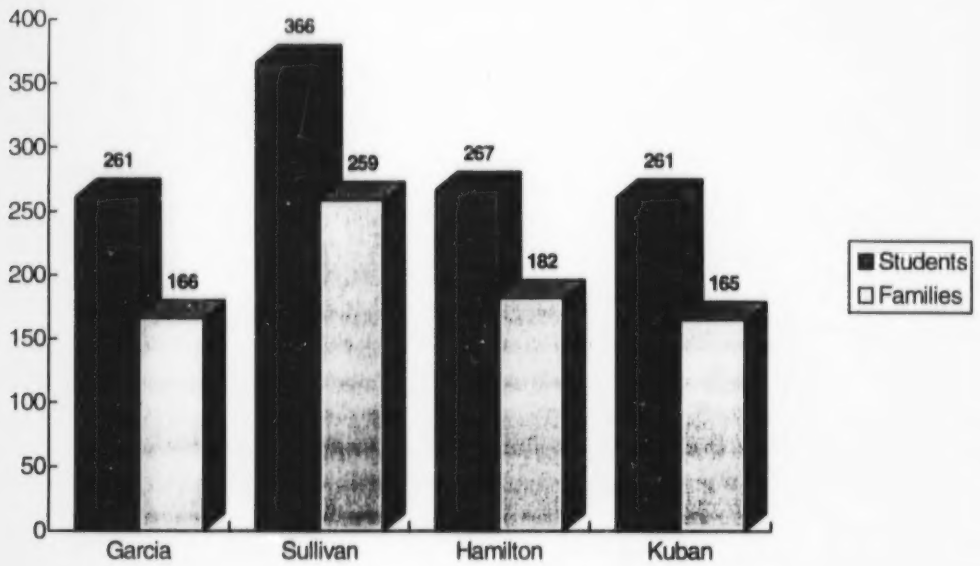
The number of families receiving different types of service is similar to our earlier discussion of the types of services district community workers provide (see appendix D for details). Of the 511 families, 264 (51.3%) received one or more type of crisis assistance, while 69 families (13.5%) received emergency assistance. Of note, when we combine all DES related services into one category, of the 511 families that have utilize the services offered by the two district community workers, about one-fifth or 107 families have received one or more DES related service.

- **DES Program Recipients**

We examined whether members of our cohort received one or more of the following benefit programs: AFDC, Food Stamps [FS], and Medical Assistance Only [MAO]. Of the 2,832 students in the cohort, we estimate 1,155 or about 41% of cohort students received benefits from one or more DES assistance programs during the period August 1992 through July 1993. Our preliminary estimate of the number of families in the cohort who receive these services is 772 or approximately 46% of the families in the cohort. Figure 4-C shows the number

of students and families who received some type of public assistance benefits during the base year.

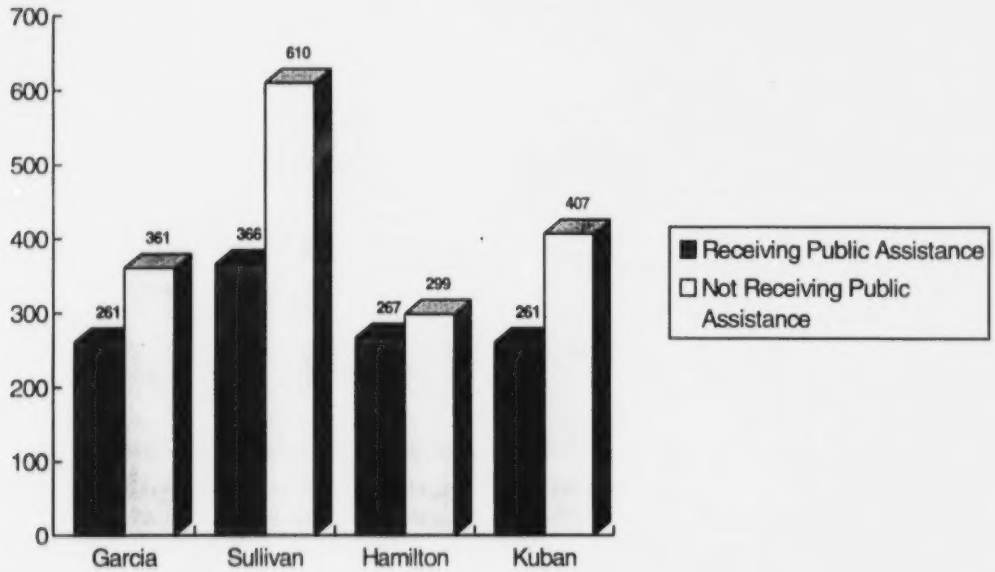
**Figure 4-C: Number Of Students And Families Receiving Public Assistance Benefits At Each School**




- **Comparison of DES Public Assistance Recipients and Non-Recipients**

In this initial analysis phase, we did some preliminary work to examine possible differences between student recipients and non-recipients of DES public assistance programs for the base year. Schools differ slightly in the numbers and percentage of students they serve who receive DES services. (See figure 4-D). Percentages range from a high of 47% of the student population at Hamilton Elementary to a low of 37.5% at Sullivan, with about 40% of Garcia and Kuban's student populations receiving public assistance benefits, or 42% and 39%, respectively.

**Figure 4-D: Number Of Students Receiving/Not Receiving DES Public Assistance Benefits By School**




We also examined several demographic characteristics of students and schools and found few differences between DES public assistance recipients and non-recipients with respect to gender and enrollment status[4]. DES public assistance recipients and non-recipients did differ in terms of whether or not students were living in two parent families (see figure 4-E).[5] Students who live with both parents (n=1,568) are less likely to be recipients of public assistance programs than other students (n=1,264). Put differently, only one out of three students living with both parents receives DES public assistance benefits as compared to one out of two who live with only one parent or guardians. This seems reasonable since AFDC recipients are primarily single parents.

The ethnicity of student recipients and non-recipients of DES public assistance benefits also differed. As shown in figure 4-F, while the numbers of recipients and non-recipients are roughly comparable for most ethnic groups, Hispanic students are slightly under-represented among those who receive services relative to their numbers in the cohort. Further analysis is necessary to determine whether this is due to language barriers in determining eligibility for benefits or to a sub-set of Hispanic families who may have less need for DES public assistance.

[4] Enrollment status is defined as students who are enrolled in the district at June 1993.
[5] All measures used in this analysis (e.g. gender, enrollment status), including living status and ethnicity, are taken from school and district, not DES, data sources.

**Figure 4-E: Students Receiving/Not Receiving DES Public Assistance Benefits By Living Status**

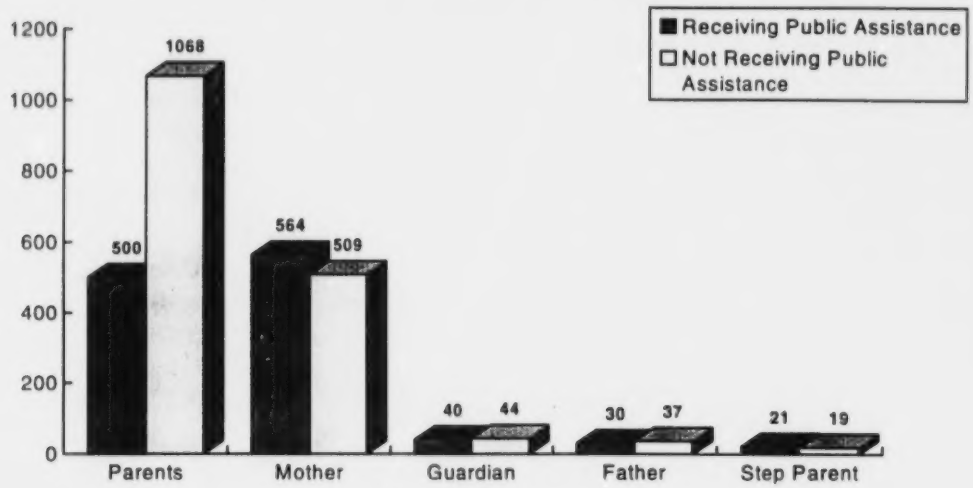
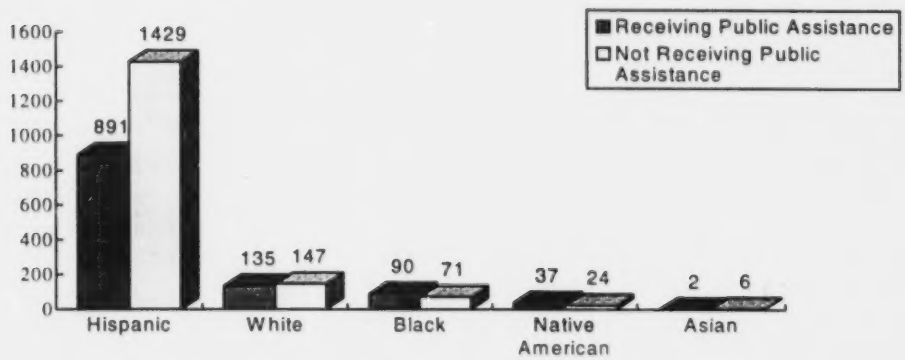



**Figure 4-F: Ethnicity of Students in the Cohort Receiving/Not Receiving DES Public Assistance Benefits**



## A First Look At Outcomes

Most of the data to track improvements in family stability or outcomes of students such as school performance are not yet available. However, two sources of data are available to take an initial look at outcomes: a preliminary analysis of trends in enrollment as an indicator of student mobility, and findings from our interviews on the perceived outcomes of this collaborative effort.

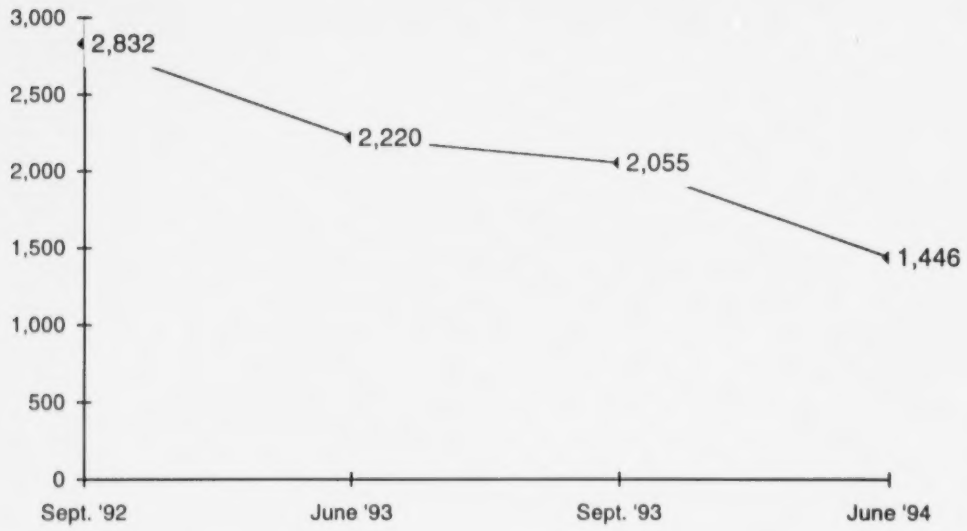
### Trends in Enrollment and Student Mobility

As a measure of student mobility, ADE currently uses an index of student turnover per Average Daily Membership [ADM][6] within a district. This measure is one of the variables used to determine the "at-risk" status of school districts within Arizona and is based on the number of students moving between the district and other educational facilities. However, in discussions about a definition and measure of student mobility, ADE research and evaluation staff felt the current measure represents turbulence in a district and that a better measure of student mobility could be constructed for schools. Further analysis of the data and development is necessary before we can report such measures.

Therefore, for this initial analysis, we used data on student enrollment activity in the district as one indicator of student mobility. In figure 4-G, the number of cohort students enrolled in the district at three different points in time is graphed. As shown in the graph, we find that in the base year, by June 1993 only 2,220 students, or 78% of the original cohort of students remain (e.g. are still active) in the district. By June 1994, only about 54% of the cohort are still enrolled in the district. However, these percentages are somewhat misleading because graduating eighth graders are not taken into account (i.e. they account for a substantial proportion of the difference between June 1993 and September 1993 differences). Taking the difference between June and September enrollments for each year as a measure of mobility, on average, there is a loss of about 25% of the cohort in each of the two years for which we have data.

[6] ADM is the Average Daily Membership during the first 100 days of classes within the district.

**Figure 4-G: Numbers Of Students In The Cohort (Sept. 1992 - June 1994)**




We also examined the annual flow through of students as another measure of mobility. Defined as the total number of students who enrolled in the school district in a given year divided by the number of students still enrolled or active at the end (June) of that year, the annual flow through rate is roughly equivalent for the two years (1.276 and 1.3, respectively). Based on a single linear relationship, then, we would project that no one in the cohort will still be enrolled in the district in a little over 8 semesters, i.e. our cohort would be equal to zero in the fall of 1996.

A more descriptive measure of mobility that captures the high turnover in students that classroom teachers and district staff report is the overall pattern of enrollment activity; i.e. the numbers of student entries and withdrawals within a given year. For the base year, we examined this enrollment activity <u>after</u> the first week of school and found more than 1,000 students enter (n=447) or withdraw (n=612) during the 1992-93 school year, or roughly a third of the cohort.

**<u>Perceived Outcomes</u>**

Overall, there is a perception among staff of this collaborative effort that outcomes of children and families have improved. In addition to improvements related to the FAC and CPS unit, we also asked interviewees about the link between better services and school performance.

Every interviewee asserted that the system of services is better than before and that family outcomes have improved. Much of this improvement in outcomes is

attributed to the efforts of the FAC and district community workers. CPS is not generally credited with improving outcomes. The MDT is perceived as an entity that potentially could improve outcomes but is too new and has shown no tangible results thus far.

- **FAC**

Many interviewees asserted that having the FAC on-site had resulted in improved outcomes for students and families. The greatest advantages of having the FAC on-site are that it is more accessible to parents, it can process applications faster, and a wider variety of needs are being met through their office than other FAA offices.

In contrast, there were several disadvantages cited by a few interviewees to having the FAC on-site. First, there is not enough space in the office for all the workers. Second, there was initial concern among several staff that strangers passing through school grounds to get to the FAC would disrupt classes or frighten students. Third, the FAC provides little follow-up to those who refer families to it. In addition, some administrators we interviewed were concerned that attention to the social and other non-academic needs of children and their families has taken precedence over improving and providing quality instruction.

- **CPS**

While most interviewees do not generally credit having a CPS unit on-site with improving any outcomes for students and families, some interviewees saw a variety of potential advantages to having a CPS unit on-site. CPS workers we interviewed feel that they are doing more preventive work, are establishing more trusting relationships with families, and are building a sense of community. For school support services staff, one main advantage is that school staff will have someone on campus once a week. Another advantage is that school staff now have a better idea of what CPS is capable of doing and its limits.

Interviewees felt that the main disadvantage of having CPS on-site is that the unit is generally not responsive to school staff. Other criticisms are that the unit is crisis oriented, the unit provides no follow-up to nurses and counselors who make referrals, the location is hard to find, and that Hamilton school parking space was sacrificed for CPS workers.

The MDT is perceived as an entity that has potential to do more preventive work but has not yet shown whether it can improve outcomes for children and families.

- **Link to Learning**

A major question in the evaluation is whether collaborators believe that better services for children translate into improved academic performance. Our initial findings on this topic are quite mixed. A rough analysis of this data reveals that service providers were more inclined to believe that support services for children are linked to improved student learning than administrators. People with faith in the link believe that fundamental needs such as food, shelter, and clothing must be satisfied before a student can learn.

Those who did not believe that there is a link to student learning were divided into two groups: service providers and administrators. Service providers who thought the links were weak generally felt that families do not see a connection between services and student learning. Since these people believe that the responsibility to motivate a child to learn ultimately rests with the family, the link fails when families do not motivate children to succeed.

In contrast, some staff in district and school administrative roles such as superintendents and principals did not think that a link should be made between social services and student learning because home conditions are too often used as excuses for lack of student success. Rather, these administrators would like to have the philosophy that every child can learn, despite their home lives. This ideology suggests a concept of resiliency where at-risk children can succeed despite disadvantages at home.

# V CHALLENGES AND ISSUES

While the Murphy-DES collaborative has made great strides by bringing services onto the school site, the effort now confronts several key challenges that will greatly influence the effort's future success. The main challenges are: 1) maintenance of the model, 2) informal agreements and communication, 3) institutional versus attitudinal barriers towards change, and 4) system for follow-up and monitoring progress.

## Maintenance of the Model

The original model of collaboration between Murphy and DES has been somewhat diluted from its original form. Several key features such as: caseload, training, regular meetings and a unified vision have been weakened since the model was first implemented.

### Caseload

So far, caseloads have been a particular challenge to the FAC. However, this issue is likely to arise in other agencies in the future. Caseloads at the FAC were intended to be small to enable EIs to take a more active role with each client. In the early days, EIs were able to provide expanded services for their clients and could follow-up with them. With the FAC's growing reputation of success and its convenient location, the caseload increased. Now, EIs are no longer able to provide the personal and extended services they could before. Because the building that houses the FAC is already cramped with existing staff, there is no space to house additional workers at the Garcia site.

By itself, the EIs who have been at the FAC since it opened felt the heavier caseload is not problematic. However, because so many clients move and they have to "carry" the new staff and cover the work of those on special assignment or vacant positions, both EIs felt these caseloads were too heavy and increasingly stressful. This also leaves them with less time to communicate and follow up with clients.

### Training

The original model expanded the roles of service providers, creating a need for special training. While special training was provided to FAC and district staff when on-site services began, this year there has also been little continuing training and limited orientation training for new workers. The lack of training jeopardizes the ideal that service providers will have broadened roles.

The first set of FAC workers were given special training that included cultural awareness and sensitivity, family systems, CPS reporting, and the programs and procedures of other DES agencies. However, recent hires at the FAC have not had the same strong core of training received by the original cohort. When the CPS unit was added, the CPS workers were not given any additional training to work at the Hamilton site. (It should be noted that office supervisors at the FAC and CPS unit have both taken on the responsibility of providing new staff with some informal training.) School services support staff were given some training on how DES agencies function, but have not had ongoing training on how to fit in with the collaborative effort.

**Regular Meetings**

Another challenge is a decrease in the number of regular meetings among collaborators. Originally, roundtable meetings occurred twice a month. Many interviewees reported that the meetings were productive since they taught people about how different agencies function. However, once the model was up and running and service providers knew how each other's agencies functioned, meetings were held monthly and were eventually set on an as-needed basis. The last roundtable between FAC and Murphy staff was at the start of the 1993-94 school year.

Unlike the FAC, regular meetings between the CPS unit staff and Murphy staff were not established until March of this year as an outgrowth of concerns that arose during the MDT meetings. Monthly meetings have begun to discuss how the CPS unit can be more sensitive to school needs and concerns. These meetings are similar to the roundtable meetings but involve only CPS issues.

While the roundtable meetings fulfilled their original functions, their reduction has left collaborators with few outlets to discuss important issues. With few roundtable meetings, there are limited opportunities and other forums to discuss current issues and needed changes or improvements of the model. Moreover, there are no meetings in which CPS, FAC, and school and district staff all participate. This has also made it difficult to maintain a unified vision as discussed below.

**Vision**

Maintaining a unified vision for the Murphy-DES collaborative project is a particular challenge at this time, due to high staff turnover, irregular meetings, and unclear goals for CPS. First, staff turnover has made it difficult to maintain a unified vision for the collaborative effort. While staff who were employed by the district and the FAC at the start of the effort have a unified vision, this is not shared by many of the new staff members, and turnover at the FAC has been

significant. For example, only three of the original 19 FAC staff members remain and there has been about 50% turnover at CPS. While the school district staff is relatively stable, the district hired more new teachers for this school year than is typical. In addition, both the FAC and CPS units are frequently "understaffed" due to vacant positions and special assignments. For example, the CPS unit did not have a full complement of staff in place until the start of 1994. Without the regular Roundtable meetings, there is no regular forum to introduce this large number of new staff members to the goals of the effort and to their fellow collaborators.

Besides staff turnover, there is also a continuing challenge to define the goals and vision for CPS. All interviews indicate that there were no clear goals for CPS as a component in the collaborative when it came on-site, although goals have been developing since start-up. While most interviewees wanted CPS to be more accessible to service providers and families, it was unclear exactly how that should be accomplished.

## Tradeoffs of Informality in Communication and Agreements

Another factor contributing to the difficulty of maintaining a common vision that poses a challenge to the collaborative at this point in its development is the informality in communication and agreements. On the one hand, the current system is not paper intensive, intrudes little on people's time, and allows for casual relationships between service providers. This is a relatively practical system, given that there are no resources for a more formal system. However, there are tradeoffs to this informality. One major difficulty is the lack of regular follow-up. Within an agency, this is not such a large problem; however, it becomes problematic when a student is referred to another agency. Service providers are not as readily accessible and it is harder to monitor progress. Both teachers as well as service providers cite the lack of follow-up as a severe gap in the communication loop.

Likewise, the use of informal agreements has tradeoffs. Informal agreements between agencies have allowed the collaborative to develop and implement solutions relatively quickly and develop strategies that best fit local needs. But without a more formal approach to this collaborative effort, over time responsibility for cross-agency discussions has tended to fall on the district, primarily the superintendent. And in the absence of any formal structures for communication and decision-making, adjusting services, strategies and vision has been difficult. Moreover, without formal agreements or authority, cooperation and communication is more dependent on an individual's personality and goodwill. For example, the JOBS case manager is neither under the direct supervision of the local office supervisor, nor required to attend meetings. As a result, information-sharing and other dialogue between JOBS and other FAC staff

depends upon the person who fills that position and the way in which s/he chooses to coordinate and work with other staff.

## Institutional Versus Attitudinal Barriers to Change

Determining whether barriers to change are due to the larger system or personality issues also pose a challenge to the Murphy-DES collaborative. This is true for all of the partners but has been particularly acute in the CPS unit. All agencies have rules and regulations that were created in a time when being flexible and serving children holistically were not fundamental principles. Thus, to make changes at the local level, services providers at the local level must have some authority and flexibility to bend rules and think of creative ways around them. In the CPS unit, this has been particularly difficult to do since the culture of CPS is so regulation intensive, and visible, active support from upper administrative levels has been less evident than in the FAA or district. At the same time, staff who have not yet bought into the ideal of flexibility and change often site policies and rules as the reason for inaction. The collaborative must not only struggle to change these institutional barriers but must also seek ways to change attitudes that prevent people from wanting to change.

## System For Follow-up and Monitoring Progress

Developing an appropriate system to follow-up and monitor what happens to children and families once services are provided has posed challenges to the effort. Currently, much of the referral, follow-up, and tracking of cases is informal which has contributed to the "family" atmosphere and camaraderie at Murphy and within most of this collaborative effort. Moreover, it has helped minimize costs for this project. However, this type of a system makes it difficult to know what happens to a family, or to readily share and use information to improve the services provided. For example, while referral forms within schools are in place, they are not consistently used. District community workers regularly record information on the services they provide, but these records are not kept in a way that information is easily retrieved to assess and monitor family needs.

In addition, without a data management system that enables the project to link students and families to one another and to various services and programs, it is difficult to obtain a complete picture of the service structures for students and their families and its relationship to particular outcomes. In relying on existing datasets to develop such a system, different record-keeping systems, lack of a common unique identifier to readily match these datasets, and the absence of a common definition of families have posed significant challenges for the evaluation.

# VI RECOMMENDATIONS AND NEXT STEPS

The Murphy-DES project has made great strides in bringing services closer to the students and families who need them and providing services in ways that are sensitive to client concerns and needs. With the implementation of the FAC well underway and development of CPS goals and services moving forward, choices in strategy and services need to be made in order to move this collaborative effort on to another level or down a different path. In this section, we discuss two major and related issues -- recommendations for the project and next steps for the evaluation of this collaborative effort. Before doing so, we briefly review some of the major findings and conclusions from phase I of our work.

## Summary and Conclusions

***Nearly half of the students and families in the Murphy School District receive some type of DES public assistance benefits from the FAC.*** Of the 2,832 students and approximately 1,680 families that comprise the cohort, we estimate about 41% of these students and 46% of these families received benefits from one or more of the following three public assistance programs during the 1992-93 year: AFDC, Food Stamps, and Medical Assistance Only.

***In addition to the services the FAC and CPS unit provide, district community workers and school support teams (especially nurses) play key roles in the system.*** School support teams, and particularly district community workers, are the critical links between families and DES programs and services. Approximately 20% of the services the community workers provide to families are DES-related. Counselors and nurses, who along with school community workers, comprise the school support teams, are the primary link between the school and CPS. Nurses appear to play a key role in the service delivery system, often serving as the primary care provider for families; i.e. they are the initial contact when health needs and concerns arise for families.

***Many of the collaborative's early goals for this effort have been accomplished.*** In a relatively short period of time and using only existing resources, changes in how FAA services are delivered, particularly with respect to accessibility and quality, appear to have been achieved. FAC clients as well as all of those we've interviewed, feel the project has improved access to services for families. Recent efforts of CPS, and especially the Multi-Disciplinary Team process, show similar promise. More support and improved communication should help move the local CPS unit's fledging efforts forward.

***While the collaborative has made great strides in improving the service delivery system by bringing DES offices onto the school site, the effort now confronts several challenges that will greatly influence the effort's future success***. The main challenges the project faces include: 1) maintenance of the original model, 2) tradeoffs in informality of communication and agreements, 3) institutional and attitudinal barriers to change, and 4) an appropriate system for follow-up and monitoring progress.

***Familiarity with, and ties to, the community among personnel is a strength of this collaborative and may be a critical component for replicability***. One feature that seems critical to the success of this collaborative's efforts thus far is the strong ties to the community among key staff. For example, everyone cites the district and school community workers' familiarity with neighborhoods and families as a real strength. Moreover, they often live (or have lived) in the community and have children and/or themselves attended Murphy schools. Similarly, several FAC staff are former DES clients. From the operation of the FAC and CPS unit, this sensitivity to local concerns and needs can also be gained through on-going training and experience.

***The school as the hub for services in the community is key to the initiation of this collaborative effort; but a view of collaboration as a spiderweb may help to sustain collaborative efforts***. The vision shared by Murphy staff of schools as the hub of services in the community has been realized and is critical to the development and support of this project. But in the context of continual staff turnover within this project, greater interconnections between all agencies via communication and decision-making -- as the metaphor of a spiderweb suggests -- may be helpful in sustaining collaborative efforts in the long term by increasing ownership and responsibility for the effort among all partners equally.

## Project Recommendations

We see the project at a crossroads. Given the accomplishment of early goals, the challenges the project currently faces and changes in staff at all levels, partners need to revisit the goals and services of this effort, as well as what it means to collaborate on achieving them. The project may have reached the threshold at which additional resources may be necessary to develop existing and new strategies that might move it closer toward goal of family stability and self-sufficiency. For example, a case management system is one option and logical next step in these efforts -- an approach that the superintendent supports. But it would require an additional investment in resources to redefine roles and responsibilities, and ensure that current services are supported.

The approach we've taken here makes recommendations about the project based on two different assumptions about resources: 1) the same level of resources are invested in this effort versus 2) additional resources are available.

**Recommendations ( *same level of resources invested*)**

- **Revisit Goals and Services of the Collaborative Effort**

With the accomplishment of early goals and some lack of knowledge and clarity, as well as disagreement about the goals of the major components of this project among current staff, this is an opportune time for partners at the interagency, as well as service, levels to revisit the goals of this project and consider whether there are new or expanded goals for this collaborative effort.

In addition, there is evidence that change in the accessibility of services is being accomplished. The collaborative may want to consider other strategies that would push the goal of family stability forward or refine the goal of accessibility. For example, many of the staff we interviewed suggested more services that lead to family self-sufficiency and reduce dependency are needed such as job training opportunities. Another option, suggested by several staff, would be to work on ways to refine the goal of accessibility through the re-location of FAA staff to each school or the provision of selected, critical need services on -site such as medical care.

Finally, if change in student performance is one of the goals of this Murphy-DES project, then further reflection on the connection of this collaborative effort to other school reform efforts and student learning may be necessary. Re-thinking which services and changes are most needed on-site might also improve the capacity of the project to coordinate these efforts for greatest impact.

- **Maintain Model Elements**

Initial components of the model, such as the criteria for selecting and training of staff and smaller individual caseloads, have been critical to the early success of this collaborative effort, but have been weakened over time. We recommend *reinstituting training* that the original FAC staff received. In particular, the training on cultural awareness and sensitivity for both FAC and CPS unit staff appears to be particularly key. In addition, *developing a strategy for "familiarizing" new staff with the collaborative's goals and current efforts* might ease some of the responsibility that local office supervisors and administrators currently attempt to fit into their already expanded roles.

- **Strengthen Communication Systems**

In the current system, agencies that collaborate with the district rarely talk with one another. For example, currently the FAC and CPS unit have little contact and no joint meetings; moreover, each depends on the district for cross-administration discussions. This has created undue stress and a considerable administrative burden on the district, especially superintendent. Strengthening communication systems among staff to create a "spiderweb", e.g. more information sharing between all partners as well as other collaborating agencies, might help to sustain the collaborative by making it less dependent on any one agency.

Several strategies are recommended. First, given the significant number of new staff at the FAC, CPS and schools, *reinstituting the roundtables* would be one simple approach. In addition, including FAC and CPS staff in joint discussions with the district might help to coordinate services more effectively. Second, we recommend *keeping schools, especially teachers, better informed* of not just this, but the other, collaborations the district is engaged in. For example, several teachers suggested a simple wall chart or handout on available services and the location of these services would be useful for not just teachers, but parents.

- **Establish A System of Governance and Management at the Interagency Level**

Without a system of governance or management, addressing decisions about goals or services and ways to communicate to staff about them has been difficult. Moreover, the burden of sustaining the effort has largely been left to the superintendent. The creation of some type of governance body would also facilitate greater communication among the three entities involved (e.g. district, FAA, and CPS) and build greater ownership for the effort. Although this collaborative has made considerable progress by relying only on informal agreements, we recommend establishing some system of governance and management at the interagency, and possibly service, levels to help maintain this effort over the long term.

Several options seem possible. One option would be to explore a reconfiguration of roundtable meetings and participants so that communication and decision-making between agencies and across levels within agencies can better occur. Alternatively, a smaller group could be established, or an annual meeting held, for key agency administrators to facilitate: sustaining the project vision, resetting priorities and adjusting major policies as needed.

- **Develop Simple Data Management Strategies for Follow-up and Tracking at the Service Level**

If one of the goals of the collaborative is to better serve families, then the project needs to develop strategies to provide follow-up information and periodic reports to staff as feedback for service improvement as well as to help the evaluation track services and outcomes for children and families. Without additional resources, we recommend *building on existing record-keeping systems* whenever possible. The district community worker logs are a good example of an existing record-keeping system could be modified to provide schools and the district with feedback on families that district community workers serve as well as collect information the evaluation needs. Simple changes such as adding child names and the school they attend, asking whether clients had received services before, and/or computerizing this data would greatly be useful.

- **Develop Definitions and Identifiers of "Family"**

Similarly, if the collaborative is to seriously focus on family services and outcomes, then we would encourage the development of definitions of family with agencies and indicators of these family units within current record-keeping and data management systems. For example, a separate family identification number, much like the student ID number already used by the district could be assigned to families as they enroll.

**Recommendations (*additional resources available*)**

While important to greater integration of services and systems change, the following recommendations would require greater investment of resources. If additional resources were available, we recommend:

- **Create A Case Management System**

Currently, there is no single person responsible for ensuring that all the needs of a child or family are met. Rather, there are a number of providers who refer students and families to one another. While this system is an improvement, services are still fragmented and it seems likely that some families slip through the cracks. To remedy this situation, the collaborative might consider designing a case management system, an option the superintendent supports.

- **Develop Integrated Data-Management System**

Case, and data, management go hand in hand. Interviews showed that much of the referral, follow-up and case tracking that is done is informal. While this informality has lent to a personal atmosphere at Murphy, it makes it difficult to consistently know what happened to a family or to document the effort's

successes. A computerized system would facilitate the generation of periodic reports that the project may need to monitor use of services and progress of families. Moreover, development of an integrated information system on students and families would greatly enhance the capacity of service provider to know who is being served and how.

## Next Steps for the Evaluation

In addition, we believe the evaluation has made considerable progress in developing a reliable and reasonably low-cost approach to monitor and assess outcomes for students and families. We also understand more about the complexities and difficulties involved in matching school and DES datasets. This task has taken more time and resources than we originally anticipated.

In order to develop more realistic plans and timelines in the next phase of work, and assuming that about the same level of resources are available for phase II, the following major steps need to be addressed:

- Revisit outcomes and reduce number of indicators to a critical, meaningful set
- Explore what's feasible to expect and collect for comparison sites
- Design and conduct family interviews
- Assess how well Murphy's new student information system meets evaluation needs
- Continue comparative analysis of recipients/non-recipients of DES public assistance programs

# Appendix A:

# Sampling Criteria and Sample Characteristics

## SAMPLING CRITERIA AND SAMPLE CHARACTERISTICS

### Sampling Criteria

In general, we wanted to capture the perspectives of a wide range of staff in our interviews. Therefore, we selected a sample of people to interview in order to include some variation along two major dimensions: 1) administrator versus "line" workers, and 2) length of employment at the district/FAC/CPS unit. In addition, where applicable, we tried to sample bilingual as well as English-only speakers.

### Sample Characteristics

At the FAC, in addition to the office supervisor we interviewed four eligibility interviewers. Of these five staff, three had been with the FAC since it opened, two are bilingual, and two were also former DES clients.

At the CPS unit, in addition to the office supervisor we interviewed two workers. Of these three staff, two had been with the local unit since start-up on the Hamilton Elementary site.

At the Murphy School District level, we interviewed three administrators, and the two district community workers. With the exception of one administrator who has been with the district for only three years, those we interviewed had all worked in the district for 16 to 20 years, with an average tenure of 18 years in the district. Two of these five district level staff are bilingual.

For each of the four schools, we interviewed the principal, members of the school support team (e.g. nurses, community workers and counselors, where applicable[1]), and a sample of two or three teachers. In general, most school staff we interviewed had worked for the school district for several years, though a few staff were relatively new to their current positions. For example, while all school administrators we interviewed had worked in the district for at least five years and as long as 15 years, this was the first year as principal for three of the four principals. Counselors' (n=3) work experience in the district ranged from five to eight years. Nurses were the most varied in their tenure at Murphy. Two of the four nurses were new to their position this year, while the other two nurses have been with the district for 12 and 21 years. While the tenure of school community workers in the district is relatively short (ranging from one to six years), all community workers are from the MSD area. Finally, of the ten teachers we interviewed, their experience working in the district ranged from one to twenty years. We interviewed kindergarten as well as upper primary and middle school teachers, and regular classroom as well as special program teachers (e.g. bilingual and special education teachers.) Most of the principals and school community workers we interviewed are bilingual.

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[1] One school did not have a full-time district-funded counselor, while another did not currently have a school community worker.

# Interview Guide for CPS Office Manager

**Staff Experience, Roles and Responsibilities**

- How long have you worked here? Have you worked at other CPS offices in Arizona?
- Briefly, what do you do as manager of this CPS unit?
- (If worked in other CPS offices before) Are there any significant ways in which your role or responsibilities have changed since the CPS office came on-site?
- Who does this office serve? e.g. Is it only Murphy families? Are most of the families you work with from Hamilton or one of the other schools in particular, or the whole community?
- Did you receive any special training to work at this site? Do you think this job requires any special skills or knowledge?
- Did you participate in any special training in district or FAA services and procedures? When?
- Were you assigned or did you volunteer for this position? Why did you volunteer/were you assigned here?
- Do you like working here? Why or why not?
- Are there aspects of this job that you find particularly difficult or challenging (as compared to working in other locations)?
- Are there aspects of this job that you find particularly rewarding or satisfying (as compared to working in other location)?

**Description of Services and Implementation**

- What services are provided at this CPS office?
- How were services provided by CPS before this effort began?
- How do you receive cases and referrals? Is this different from the way CPS cases are generally handled?
- Is there a formal mechanism for CPS staff to follow-up with school staff or FAC staff who have referred students to them?
- Is your staff caseload different than before? Is it problematic?

# Interview Guide for CPS Office Manager

**Description of Services and Implementation, cont'd**

- Do you make referrals to other agencies? If so, is there any follow up? Who follows up?

- Can you tell me about the MDT (multi-disciplinary teams) and how that's related to CPS generally, and your work specifically?

- Has the MDT influenced or affected the way you work in any way? Do you think you've had an influence on the way the MDT operates? How?

**Communication and Coordination**

- Do you coordinate your efforts with other agencies or staff that provide related services here at Murphy such as the FAC, Conocimiento, the MDT?

- Do you or your staff discuss cases or referrals with other staff or organizations? If yes, is this on a regular basis? Does it follow a standard format?

- Are there regular meetings or committees established between your unit and other agencies such as the district or FAC? For example, my understanding is that you've met with district/school staff a couple of times recently. Did you participate? What was the purpose of those meetings? Are there plans to continue them?

- How frequently do you or your staff share information about the children and families you serve with other health, social or human service agencies such as FAC, or other organizations such as Valle de Sol or Conocimiento? What information do they typically need? Is there a formal process to provide this information of is it provided informally?

- How frequently do you or your staff request information from other agencies about individual students and/or their families? What type of information do you typically need? Where and how do you get this information?

**Goals and Objectives**

- What are the goals and objectives of the collaborative effort between Murphy and DES?

- Have those goals and objectives changed over time?

# Interview Guide for CPS Office Manager

## Administrative and Funding Structure

- Who was involved in determining the needs or services that should be provided on-site? Is that any different from how those decisions are made at other offices?
- Do you have a say in those types of decisions?
- How are you able to determine whether the programs or services you provide are working?
- Are there any activities or positions that are jointly funded between CPS and the district or specific schools?

## Attitudes and Knowledge

- How well informed do you feel about the other services and resources available in the community? To what extent has your knowledge changed? How did you learn about these other services and resources?
- What is your understanding of the reasons for having a CPS unit located on site?
- Do you think on-site services are a good idea? Why or why not?

## Changes in Quality and Access

- Are the services provided more culturally and linguistically appropriate than before?
- Do you have close or more frequent contact with the families you serve? Has your interaction with children and families changed in other ways? Has this changed your perceptions of the families you serve?
- Is this system of providing services better than the old system, same, worse? How?

## Changes in System

- Has your agency changed any of its policies or procedures as a result of this co-location of services? Can you describe them?
- Have these changes worked?
- What changes or improvements would you make to the way you deliver services? For example, would it work better if families could be directly referred to the your unit instead of the central office?

# Interview Guide for CPS Office Manager

**Perceived Outcomes**

- Are you meeting children and families' needs better than before this collaborative effort?
- Why? What do you attribute this to?
- In your opinion, what difference has locating the CPS unit on-site had on the children and families you work with?
- What evidence do you have?
- What has been the biggest advantage of having the CPS office located on-site?
- Are there drawbacks or problems with having the CPS office located on-site?
- Now let's talk about the MDT. In your opinion, what difference has locating the MDT unit on-site had on the children and families you work with?
- What evidence do you have?
- How do you think locating the FAC and CPS services on-site has improved or will improve student learning?

# Interview Guide for CPS Staff

## Staff Experience, Roles and Responsibilities

- How long have you worked here? Have you worked at other CPS offices in Arizona?
- Briefly, what are your major responsibilities as a staff member of this CPS unit?
- [*If worked in other CPS offices before, ask*] Are there any significant ways in which your role and responsibilities have changed since the CPS office came on-site?
- Who does this office serve? e.g. Is it only Murphy families? Are most of the families you work with from Hamilton or one of the other schools in particular, or the whole community?
- Did you receive any special training for your work at this site? Do you think this job requires any special skills or knowledge?
- Did you participate in any special training in district or FAA services and procedures? When?
- Were you assigned or did you volunteer for this position? Why did you volunteer/were you assigned here?
- Do you like working here? Why or why not?
- Are there aspects of this job that you find particularly difficult or challenging (as compared to working in other locations)?
- Are there aspects of this job that you find particularly rewarding or satisfying (as compared to working in other location)?

## Description of Services

- How do you receive cases and referrals? Is this different from the way CPS cases are generally handled?
- Is there a formal mechanism for CPS staff to follow-up with school staff or FAC staff who have referred students to them?
- Is your caseload different than before? Is it problematic?

# Interview Guide for CPS Staff

## Description of Services

- Do you give make referrals to other agencies? If so, is there any follow-up? Who follows up?

- Can you tell me about the MDT (multi-disciplinary teams) and how that's related to CPS generally, and your work specifically?

- Has the MDT influenced or affected the way you work in any way? Do you think you've had an influence on the way the MDT operates? How?

## Communication and Coordination

- Do you coordinate your efforts with other agencies or staff that provide related services here at Murphy such as the FAC, Conocimiento, the MDT?

- Do you discuss cases or referrals with other staff or organizations? If yes, is this on a regular basis? Does it follow a standard format?

- Are there regular meetings or committees established between your unit and other agencies such as the district or FAC? For example, my understanding is that CPS staff met with district/school staff a couple of times recently. Did you participate? What was the purpose of those meetings? Are there plans to continue them?

- How frequently do you or your staff share information about the children and families you serve with other health, social or human service agencies such as the FAC, or other organizations such as Valle de Sol or Conocimiento? What information do they typically need? Is there a formal process to provide this information of is it provided informally?

- How frequently do you or your staff request information from other agencies about individual students and/or their families? What type of information do you typically need? Where and how do you get this information?

## Goals and Objectives

- What are the goals and objectives of the collaborative effort between Murphy and DES?

- Have the goals and objectives changed over time?

# Interview Guide for CPS Staff

## Attitudes and Knowledge

- How well informed do you feel about the other services and resources available in the community? To what extent has your knowledge changed? How did you learn about these other services and resources?
- What is your understanding of the reasons for having the CPS on site?
- Do you think on-site services are a good idea? Why or why not?

## Changes in Quality and Access

- Are the services provided more culturally and linguistically appropriate than before?
- Do you have closer or more frequent contact with the families you serve? Has this changed your perceptions of the families you serve?
- Is this system of providing services better than the old system, same, worse? How?

## Changes in System

- Has CPS changed any of its policies or procedures as a result of this co-location of services? Can you describe them?
- Have these changes worked?
- What changes or improvements would you make to the way you deliver services? For example, would it work better if families could be directly referred to the your unit instead of the central office?

## Perceived Outcomes

- Are you meeting children and families' needs better than before this collaborative effort?
- Why? What do you attribute this to?
- In your opinion, what difference has locating the CPS unit on-site had on the children and families you work with?
- What evidence do you have?

# Interview Guide for CPS Staff

**Perceived Outcomes, cont'd**

- What has been the biggest advantage of having the CPS office located on-site?
- Are there drawbacks or problems with having the CPS office located on-site?
- Now let's talk about the MDT. In your opinion, what difference has locating the MDT unit on-site had on the children and families you work with?
- What evidence do you have?
- How do you think locating the FAC and CPS services on-site has improved or will improve student learning?

# Interview Guide for Superintendents

**Staff Experience, Roles and Responsibilities**

- How long have your worked in this district?
- What other positions have you held in the Murphy District? [*If relatively new to district, then ask:* have you held similar positions in other districts?]
- How long have you been superintendent/assistant supt of administrative services/director of support services?
- ***[NOT FOR SUPT]*** What are your major responsibilities as asst supt of administrative services/director of support services?
- Has your role changed since the FAC or CPS unit came on-site? How about since the arrival of the MDT?
- [*If they've worked in another district, then ask:]* Is there something about the Murphy district that makes working here unique or different from other districts you've worked in?

**Goals and Objectives**

- What are the goals and objectives of the collaborative effort between the Murphy district and DES?
- Have those goals and objectives changed over time? Is so, how?

**FOR SUPT ONLY:**

- What is your vision of the way services should be provided in the future in the Murphy district?

**Description of Services and Implementation**

**FOR DIRECTOR OF SUPPORT SERVICES ONLY:**

- What support services does the district provide directly to students and their families?
- How did this differ before the FAC, CPT and MDT began operating on-site?
- How do you coordinate the efforts of district support services; i.e. how is the work of school nurses, counselors, and community workers coordinated at each school, and between the schools and district community workers?

# Interview Guide for Superintendents

- Is there a formal process or regular mechanism for referral and follow-up between teachers and school support staff, and school support staff and the district?

- How do you make referrals to the FAC? How about CPS? And the MDT?

- Is there any follow up? If so, who follows up?

- To your knowledge, is your staff caseload at the various schools or for the district community workers different than before? Is it problematic?

**FOR SUPT ONLY:**

- I know the Murphy-DES collaboration is just one of several institutional collaborations.

- Apart from the FAC and CPS collaborations, which collaborations do you consider most important?

- How do you coordinate the efforts of the district support staff, and FAC or CPS staff? How do you coordinate the efforts of the various collaboratives?

- What obstacles or barriers have you encountered in collaborating with DES or other agencies?

**FOR ASST SUPT ADMINISTRATIVE SERVICES ONLY:**

- I understand Murphy has 41 collaborations. How and why did Murphy become involved in so many collaborations?

- Apart from the FAC and CPS collaborations, which collaborations do you consider most important?

- How does the district coordinate the efforts of the various collaboratives with schools?

**[FOR SUPPORT SERVICE DIR. ONLY] <u>Communication and Coordination</u>**

- Do you coordinate your efforts with other agencies or staff the provide related services here at Murphy? for example, do you work with the FAC, CPS, MDT or other community based organizations to coordinate the services you provided to a given family?

- Do you or your staff discuss cases or referrals with other staff or organizations? If yes, is this on a regular basis? Does it follow a standard format?

- Are there regular meetings or committees established between your unit and other agencies such as the FAC or CPS? For example, my understanding is that at least initially there were meetings between district and FAC, and CPS staff. Did you participate? What was the purpose of those meetings? Have those meetings continued? If so, have the purposes changed?

- Do you or you staff ever request information from other agencies about the families you serve? What type of information do you typically need? Where and how do you get this information?

- Do you and your staff ever share information about the families you serve? Who asks for this information? What do they typically need? Is there a formal process to provide this information or is it provided informally?

**Administrative and Funding Structure**

- How does the district determine the needs or services that need to be provided on-site?

- How are you able to determine whether the programs or services you provide are working?

- Are there any activities or positions that are jointly funded by the district and DES or other organizations?

**Attitudes and Knowledge**

- How well informed do you feel about the services the FAC, CPS and the MDT provide? How did you learn about these services?

- How well informed do you feel about other services that are available in the community? How did you learn about other services?

- What is your understanding of the reasons for having a FAC and CPS unit located on site?

- Do you think on-site services are a good idea? Why or why not?

**Changes in Quality and Access**

- Is this system of providing services better than the old system, same, worse? How?

- To your knowledge, are the services provided by DES more culturally and linguistically appropriate than before?

# Interview Guide for Superintendents

## Changes in System

- Has the district changed any of its policies or procedures as a result of this co-location of services? For example, do you refer students differently or offer different types of services?
- Have these changes worked?
- What changes or improvements would you make to your current efforts to provide services to students and families? How about in the way you collaborate with other agencies?

## Perceived Outcomes

- Are you meeting children and families' needs better than before this collaborative effort?
- Why? What do you attribute this to?
- In your opinion, what difference has locating the FAC office on-site had on the children and families you work with?
- What evidence do you have?
- What has been the biggest advantage of having the FAC office located on-site?
- Are there drawbacks or problems with having FAC office located on-site?
- Now let's talk about the CPS unit. In your opinion, what difference has locating the CPS unit on-site had on the children and families you work with?
- What evidence do you have?
- What has been the biggest advantage of having it located on-site?
- Are there drawbacks or problems with having the CPS unit located on-site?
- How do you think locating the FAC and CPS services on-site has improved or will improve student learning?

# Interview Guide for District Community Workers

## Staff Experience, Roles and Responsibilities

- How long have you worked here? Have you worked in other positions serving children before?
- What are your major responsibilities as a District Community Worker?
- [*If worked in related position before, then ask:*] Are there any significant ways in which your role or responsibilities have changed since the FAC and CPS offices came on-site?
- Who do you serve? To your knowledge, are most of the families you work with from Garcia Elementary or one of the other Murphy schools, or from the whole district? We're just beginning to code your logs and though our tallies are preliminary, it looks like you serve families from Garcia most often and families from Hamilton least often. Apart from the large number of cases we couldn't attach to a school, can you help us explain why this might be so?
- Did you receive any special training for this job in the district? Do you think this job requires any special skills or knowledge? [Probe: cultural sensitivity; case management]
- Did you participate in any training in FAC or CPS services and procedures or in identifying students or families for referral to these agencies? When?
- Do you like working here? Why or why not?
- Are there aspects of this job that you find particularly difficult or challenging (as compared to working in other locations)?
- Are there aspects of this job that you find particularly rewarding or satisfying (as compared to working in other location)?

## Description of Services

- How do you receive cases and referrals? Are there formal mechanisms in place for referrals?
- Do you follow up with teachers, nurses, FAC staff, or CPS staff who have referred students to you?
- Is your caseload different than before? Is it problematic?

- Do you give referrals to other agencies? Is there any follow-up? Who follows up?

**Communication and Coordination**

- Do you coordinate your efforts with other agencies or staff that provide related services at Murphy? For example, how do you coordinate with the Nurse and School Community Workers to ensure that there is no duplication of effort? How do you coordinate with the FAC?

- Do you discuss cases or referrals with other staff or organizations? If yes, is this on a regular basis? Does it follow a standard format?

- Are there regular meetings or committees established between you and other agencies such as the district, FAC, or CPS? For example, my understanding is that initially the FAC and district/school staff met every two weeks or so. Did you participate? What was the purpose of those meetings? Do they occur now and has their purpose changed? How about with CPS?

- How frequently do you share information about the families you serve with other health, social or human service agencies such as the FAC, CPS or other organizations such as Valle de Sol or Conocimiento? What information do they typically need? Is there a formal process to provide this information of is it provided informally?

- How frequently do you request information from other agencies about individual students and/or their families? What type of information do you typically need? Where and how do you get this information?

**Goals and Objectives**

- What are the goals and objectives of the collaborative effort between Murphy and DES?

- Have the goals and objectives changed over time?

**Administrative and Funding Structure**

- How is your position funded?

**Attitudes and Knowledge**

- How well informed do you feel about the other services and resources available in the community? To what extent has your knowledge changed? How did you learn about other services?

# Interview Guide for District Community Workers

- What is your understanding of the reasons for having the FAC located on site? How about the CPS unit and MDT?
- Do you think on-site services are a good idea? Why or why not?
- Do you view the school as a community hub? Why or why not?

**Changes in Quality and Access**

- Is this system of providing services better than the old system, same, worse? How?
- Are the services provided more culturally and linguistically appropriate than before?
- Do you have closer or more frequent contact with the families you serve? Has this changed your perceptions of the families you serve?

**Changes in System**

- Has the district changed any of its policies or procedures as a result of this co-location of services? Can you describe them?
- Have these changes worked?
- [*If Emergency Assistance not mentioned, then probe*:] For example, how has transferring the responsibility of determining eligibility for emergency assistance to you worked out? Is it faster, slower, same? Why or why not?
- What changes or improvements would you make to the way you or this district delivers services?

**Perceived Outcomes**

- Is the district meeting children and families' needs better than before this collaborative effort?
- Why? What do you attribute this to?
- In your opinion, what difference has having the FAC in the Murphy district had on the children and families you work with?
- What evidence do you have?

## Interview Guide for District Community Workers

- What has been the biggest advantage of having the FAC office located on-site?
- Are there drawbacks or problems with having FAC office located on-site?
- Now let's talk about the CPS unit. In your opinion, what difference has having the CPS unit in the Murphy district had on the children and families you work with?
- What evidence do you have?
- What has been the biggest advantage of having it located on-site?
- Are there drawbacks or problems with having the CPS unit located on-site?
- Although the MDT is fairly new, what difference has the MDT made or will it make in this district?
- How do you think the Murphy-DES collaboration has improved or will improve student learning?

# Interview Guide for Counselors

## Staff Experience, Roles and Responsibilities

- How long have you worked here? Have you worked in other schools or districts as a Counselor?
- Briefly, what are your major responsibilities as School Counselor?
- [*If worked in school district before collaborative, then ask*:] Are there any significant ways in which your role or responsibilities have changed since the FAC and CPS offices came on-site?
- Do you only serve students and families at this school, or do you serve others in this district or community?
- Did you receive any special training for your work at this site? Do you think this job requires any special skills or knowledge? [Probe: cultural sensitivity; case management]
- Did you participate in any training in FAC or CPS services and procedures or in identifying students or families for referral to these agencies? When?
- Do you like working here? Why or why not?
- Are there aspects of this job that you find particularly difficult or challenging (as compared to working in other locations)?
- Are there aspects of this job that you find particularly rewarding or satisfying (as compared to working in other location)?

## Description of Services

- How do you receive cases and referrals? Are there formal mechanisms in place for referrals?
- Do you follow up with teachers, nurses, FAC staff, or CPS staff who have referred students to you?

# Interview Guide for Counselors

## Communication and Coordination

- Do you coordinate your efforts with other agencies or staff that provide related services at Murphy such as Valle de Sol the MDT?

- Do you discuss cases or referrals with other staff or organizations? If yes, is this on a regular basis? Does it follow a standard format?

- Are there regular meetings or committees established between you and other agencies such as Valle de Sol, FAC, or CPS? For example, my understanding is that initially the FAC and district/school staff met every two weeks or so. Did you participate? What was the purpose of those meetings? Do they occur now and has their purpose changed? How about the recent discussions with CPS? And are there regular meetings of counselors in this district?

- How frequently do you share information about the children and families you serve with other health, social or human service agencies such as the FAC, CPS or other organizations such as Valle de Sol or Conocimiento? What information do they typically need? Is there a formal process to provide this information of is it provided informally?

- How frequently do you request information from other agencies about individual students and/or their families? What type of information do you typically need? Where and how do you get this information?

## Goals and Objectives

- What are the goals and objectives of the collaborative effort between Murphy and DES?

- Have the goals and objectives changed over time?

## Administrative and Funding Structure

- How is your position funded?

# Interview Guide for Counselors

## Attitudes and Knowledge

- How well informed do you feel about the other services and resources available in the community? To what extent has your knowledge changed? How did you learn about other services?

- Do you think on-site services are a good idea? Why or why not?

## Changes in Quality and Access

- Is this system of providing services better than the old system, same, worse? How?

- Are the services provided more culturally and linguistically appropriate than before?

- Do you have closer or more frequent contact with the families you serve? Has this changed your perceptions of the families you serve?

## Changes in System

- To what extent has the emphasis on serving families rather than individual students changed at your school? -- Increased a lot, increased a little, no change, decreased a little, decreased a lot? To what extent do you think this is due to the Murphy-DES collaborative -- not at all, somewhat, mostly?

- To what extent has the emphasis on preventive services (rather than crisis intervention) changed at your school? -- Increased a lot, increased a little, no change, decreased a little, decreased a lot? To what extent do you think this is due to the Murphy-DES collaborative -- not at all, somewhat, mostly?

- Has your school changed any of its policies or procedures as a result of having the FAC and CPS units located in the Murphy district? For example, have your referral policies or procedures changed for students and their families? Do you offer more or different types of services?

- Have these changes worked?

- What changes or improvements would you make to the way you deliver services?

## Perceived Outcomes

- Are you meeting children and families' needs better than before this collaborative effort?

- Why? What do you attribute this to?
- In your opinion, what difference has locating the FAC and CPS offices on-site had on the children and families you work with? What about the MDT?
- What evidence do you have?
- What has been the biggest advantage of having the FAC and CPS offices located on-site?
- Are there drawbacks or problems with having FAC and CPS offices located on-site?
- Although the MDT is fairly new, what difference do you think the MDT has made or will make?
- How do you think locating the FAC and CPS services on-site has improved or will improve student learning?

# Interview Guide for Principals

**Staff Experience, Role and Responsibilities**

- How long have you worked in this district?
- Have you worked in other schools in this district? In what positions?
- How long have you been principal at this school?
- Are there any significant ways in which your role or responsibilities have changed since the FAC and CPS unit came on-site?
- Is there something about (this school), that makes working here unique or different from the other schools you've worked in (at Murphy/in other districts)?
- *If worked in other districts, then ask*: Is there something about the Murphy district that makes working here unique or different from other districts you've worked in?

**Goals and Objectives**

- From your perspective, what are the goals of the collaborative effort between the Murphy district and DES?
- Have those goals changed?

**Staff Attitudes and Knowledge**

- How well informed do you feel about the FAC and the services it provides?
- How about the CPS office? How well informed do you feel about it and the services it provides?
- How well informed do you feel about the MDT?
- How did you learn about these services?
- Did you participate in any training in the services any of these DES agencies provide or in identifying students or families for referral to these agencies? When?
- What is your understanding of the reasons for having the FAC located on site? How about the CPS unit and MDT?

**Staff Attitudes and Knowledge, cont'd**

- Do you think on-site services are a good idea? Why or why not?
- Do you view the school as a community hub? Why or why not?

**Description of Services and Implementation Issues**

- What has your role been in the collaboration with DES?
- To what extent are parents involved in determining needs or services that should be provided at this school? How are they involved?
- How are you able to determine whether the basic and other needs of children and families at your schools are being met? For example, how do you know whether families are getting the services they need?

**Communication and Coordination**

- Is there a formal process or mechanism for staff at this school to discuss individual student problems either among themselves, or with district specialists and staff from other health, social or human service agencies? For example, some schools expand on the student study team [SST] process to discuss individual student cases. Do you do that or something similar here?
- How frequently do you or your staff share information about the children you serve with other health, social or human service agencies such as the FAC, CPS or other organizations such as Valle de Sol or Conocimiento? What information do they typically need? Is there a formal process to provide this information of is it provided informally?
- How frequently do you or your staff request information from other agencies about individual students and/or their families? What type of information do you typically need? Where and how do you get this information?

**Changes in Quality and Access**

- Is this system of providing services better than the old system, same, worse? How?
- To your knowledge, are the services provided by the FAC and CPS offices more culturally and linguistically appropriate than before?

**Changes in System**

- Has school staff's awareness of the services and resources available in the community changed? To what extent do you think this is due to the Murphy-DES collaborative effort -- not at all, somewhat, mostly?

- To what extent has the emphasis on serving families rather than individual students changed at your school ? -- Increased a lot, increased a little, no change, decreased a little, decreased a lot? To what extent do you think this is due to the Murphy-DES collaborative effort -- not at all, somewhat, mostly?

- To what extent has the emphasis on preventive services (rather than crisis intervention) changed at your school? -- Increased a lot, increased a little, no change, decreased a little, decreased a lot? To what extent do you think this is due to the Murphy-DES collaborative effort -- not at all, somewhat, mostly?

- Has your school changed any of its policies or procedures as a result of having the FAC and CPS units located in the Murphy district? For example, have your referral policies or procedures changed for students and their families? Do you offer more or different types of services?

- Have these changes worked?

**Perceived Outcomes**

- Is your district meeting children and families' needs better than before this collaborative effort?

- Why? What do you attribute this to?

- In your opinion, what difference has having the FAC in the Murphy district had on the children and families you work with?

- What evidence do you have?

- What has been the biggest advantage of having the FAC office located on-site?

- Are there drawbacks or problems with having FAC office located on-site?

**Perceived Outcomes, cont'd**

- Now let's talk about the CPS unit. In your opinion, what difference has having the CPS unit in the Murphy district had on the children and families you work with?
- What evidence do you have?
- What has been the biggest advantage of having it located on-site?
- Are there drawbacks or problems with having the CPS unit located on-site?
- Although the MDT is fairly new, what difference has the MDT made or will it make in this district?
- How do you think the Murphy-DES collaboration has improved or will improve student performance?

# Interview Guide forTeachers

## Staff Experience, Role and Responsibilities

- How long have you worked in this district?
- Have you worked in other schools in this district? In what positions?
- How long have you been at this school?
- What grade levels do you teach?
- Are there any significant ways in which your role or responsibilities have changed since the FAC and CPS unit came on-site?
- Is there something about (this school) that makes working here unique or different from the other schools you've worked in (at Murphy/other districts)?

## Goals and Objectives

- From your perspective, what are the goals of the collaborative effort between the Murphy district and DES?
- Have those goals changed? How?

## Staff Attitudes and Knowledge

- How well informed do you feel about the FAC and the services it provides?
- How about the CPS office? How well informed do you feel about it and the services it provides?
- How well informed do you feel about the MDT?
- How did you learn about these services?
- What is your understanding of the reasons for having the FAC located on site? How about the CPS unit and MDT?
- Do you think on-site services are a good idea? Why or why not?
- Do you view the school as a community hub? Why or why not?

# Interview Guide forTeachers

## Description of Services and Implementation Issues

- When a child in your class appears to have a problem with basic needs such as hunger, clothing, or health issues who do you refer them to?
- Do you ever make direct referrals to FAC or CPS?
- What is the process for making a referral? How was that developed?
- If you refer a child to the school nurse or counselor, the district community workers or FAC/CPS, how do you know whether his/her needs were met? Is there a process for follow-up here?
- Did you participate in any training in the services these DES agencies provide or in identifying students or families for referral to these agencies? When?

## Communication and Coordination

- Is there a formal process or mechanism for staff at this school to discuss individual student problems either among themselves, or with district specialists and staff from other health, social or human service agencies? For example, some schools expand on the student study team [SST] process to discuss individual student cases. Do you do that or something similar here?
- How frequently do you share information about the children you serve with other health, social or human service agencies such as the FAC, CPS or other organizations such as Valle de Sol or Conocimiento? What information do they typically need? Is there a formal process to provide this information of is it provided informally?
- How frequently do you request information from other agencies about individual students and/or their families? What type of information do you typically need? Where and how do you get this information?

## Changes in Quality and Access

- Is this system of providing services better than the old system, same, worse? How?
- To your knowledge, are the services provided by the FAC and CPS offices more culturally and linguistically appropriate than before?

**Changes in System**

- Has your awareness of the services and resources available in the community changed? To what extent do you think this is due to the Murphy-DES collaborative effort -- not at all, somewhat, mostly?

- To what extent has the emphasis on serving families rather than individual students changed at your school ? -- Increased a lot, increased a little, no change, decreased a little, decreased a lot? To what extent do you think this is due to the Murphy-DES collaborative effort -- not at all, somewhat, mostly?

- To what extent has the emphasis on preventive services (rather than crisis intervention) changed at your school? -- Increased a lot, increased a little, no change, decreased a little, decreased a lot? To what extent do you think this is due to the Murphy-DES collaborative effort -- not at all, somewhat, mostly?

- Has your school changed any of its policies or procedures as a result of having the FAC and CPS units located in the Murphy district? For example, have your referral policies or procedures changed for students and their families? Do you offer more or different types of services?

**Perceived Outcomes**

- Is your district meeting children and families' needs better than before this collaborative effort?

- Why? What do you attribute this to?

- In your opinion, what difference has having the FAC in the Murphy district had on the children and families you work with?

- What evidence do you have?

- What has been the biggest advantage of having the FAC office located on-site?

- Are there drawbacks or problems with having FAC office located on-site?

- Now let's talk about the CPS unit. In your opinion, what difference has having the CPS unit in the Murphy district had on the children and families you work with?

- What evidence do you have?

**Perceived Outcomes, cont'd**

- What has been the biggest advantage of having it located on-site?
- Are there drawbacks or problems with having the CPS unit located on-site?
- Although the MDT is fairly new, what difference has the MDT made or will it make in this district?
- How do you think the Murphy-DES collaboration has improved or will improve student learning?

# Interview Guide for Nurses & Community Workers

## Staff Experience, Roles and Responsibilities

- How long have you worked here? Have you worked in other school districts as a Nurse or in a position serving children?
- Briefly, what are your major responsibilities as School Nurse. [***For Hamilton nurse only:***] I understand you're the lead nurse for the district. How is your role different from the other school nurses?
- And briefly, what are your major responsibilities as School Community Worker?
- (If worked in school district before collaborative) Are there any significant ways in which your role or responsibilities have changed since the FAC and CPS offices came on-site?
- Do you only serve students and families at this school, or do you serve others in the district or community?
- Did you receive any special training for your roles? Do you think these jobs require any special skills or knowledge? [Probe: cultural sensitivity; case management]
- Did you participate in any training in FAC or CPS services and procedures or in identifying students or families for referral to these agencies? When?
- Do you like working here? Why or why not?
- Are there aspects of this job that you find particularly difficult or challenging (as compared to working in other locations)?
- Are there aspects of this job that you find particularly rewarding or satisfying (as compared to working in other location)?

## Description of Services

- How do you receive cases and referrals? Are there formal mechanisms in place for referrals?
- Do you follow up with teachers, FAC staff, or CPS staff who have referred students to you?
- Is your caseload different than before? Is it problematic?

**Description of Services, cont'd**

- Do you give referrals to other agencies? Is there any follow-up? Who follows up?

**Communication and Coordination**

- Do you coordinate your efforts with other agencies or staff that provide related services at Murphy? For example, how do you coordinate with the District Community Workers to ensure that there is no duplication of effort?

- Do you discuss cases or referrals with other staff or organizations? If yes, is this on a regular basis? Does it follow a standard format?

- Are there regular meetings or committees established between you and other agencies such as the district community workers, FAC, or CPS? For example, my understanding is that initially the FAC and district/school staff met every two weeks or so. Did you participate? What was the purpose of those meetings? Do they occur now and has their purpose changed? How about the recent discussions with CPS? And are there regular meetings of nurses and/or community workers in this district?

- How frequently do you share information about the children and families you serve with other health, social or human service agencies such as the FAC, CPS or other organizations such as Valle de Sol or Conocimiento? What information do they typically need? Is there a formal process to provide this information of is it provided informally?

- How frequently do you request information from other agencies about individual students and/or their families? What type of information do you typically need? Where and how do you get this information?

**Goals and Objectives**

- What are the goals and objectives of the collaborative effort between Murphy and DES?

- Have the goals and objectives changed over time?

**Attitudes and Knowledge**

- How well informed do you feel about the other services and resources available in the community? To what extent has your knowledge changed? How did you learn about other services?

# Interview Guide for Nurses & Community Workers

**Attitudes and Knowledge, cont'd**

- What is your understanding of the reasons for having the FAC located on site? How about the CPS unit and MDT?
- Do you think on-site services are a good idea? Why or why not?
- Do you view the school as a community hub? Why or why not?

**Changes in Quality and Access**

- Is this system of providing services better than the old system, same, worse? How?
- Are the services provided more culturally and linguistically appropriate than before?
- Do you have closer or more frequent contact with the families you serve? Has this changed your perceptions of the families you serve?

**Changes in System**

- To what extent has the emphasis on serving families rather than individual students changed at your school ? -- Increased a lot, increased a little, no change, decreased a little, decreased a lot? To what extent do you think this is due to the Murphy-DES collaborative effort -- not at all, somewhat, mostly?
- To what extent has the emphasis on preventive services (rather than crisis intervention) changed at your school? -- Increased a lot, increased a little, no change, decreased a little, decreased a lot? To what extent do you think this is due to the Murphy-DES collaborative effort -- not at all, somewhat, mostly?
- Has your school changed any of its policies or procedures as a result of having the FAC and CPS units located in the Murphy district? For example, have your referral policies or procedures changed for students and their families? Do you offer more or different types of services?
- Have these changes worked?
- What changes or improvements would you make to the way you or this school or district delivers services?

# Interview Guide for Nurses & Community Workers

**Perceived Outcomes**

- Are you meeting children and families' needs better than before this collaborative effort?
- Why? What do you attribute this to?
- In your opinion, what difference has having the FAC in the Murphy district had on the children and families you work with?
- What evidence do you have?
- What has been the biggest advantage of having the FAC office located on-site?
- Are there drawbacks or problems with having FAC office located on-site?
- Now let's talk about the CPS unit. In your opinion, what difference has having the CPS unit in the Murphy district had on the children and families you work with?
- What evidence do you have?
- What has been the biggest advantage of having it located on-site?
- Are there drawbacks or problems with having the CPS unit located on-site?
- Although the MDT is fairly new, what difference has the MDT made or will it make in this district?
- How do you think the Murphy-DES collaboration has improved or will improve student learning?

# Interview Guide for FAC Supervisor

## Staff Experience, Roles and Responsibilities

- How long have you worked here? Have you worked at other FAA offices in Arizona?
- Briefly, what do you do as supervisor of the FAC?
- (If worked in other FAA offices before) Are there any significant ways in which your role or responsibilities have changed since the FAC came on-site?
- Who does the FAC serve? Is it only Murphy families? Are most of the people you work with from Garcia Elementary or one of the other Murphy schools, or from the whole community?
- Did you receive any special training for your work at this site? Do you think this job requires any special skills or knowledge?
- Did you participate in any special training in district or CPS services and procedures? When?
- Were you assigned or did you volunteer for this position? Why did you volunteer/were you assigned here?
- Do you like working here? Why or why not?
- Are there aspects of this job that you find particularly difficult or challenging (as compared to working in other locations)?
- Are there aspects of this job that you find particularly rewarding or satisfying (as compared to working in other location)?

## Description of Services

- What services are provided at this FAC?
- How were services provided by FAA before this effort began?
- How does the FAC receive cases and referrals? Is this different from the way FAA cases are generally handled?
- Is there a formal mechanism for FAC staff to follow-up with school staff or CPS staff who have referred students to them?

- Is your staff caseload different than before? Is it problematic?

- Does FAC staff make referrals to other agencies? Is there any follow-up? Who follows up?

**Communication and Coordination**

- Do you coordinate your efforts with other agencies or staff that provide related services at Murphy such as CPS, Conocimiento, the MDT?

- How frequently do you communicate with other staff within the FAC? For example, how much communication and coordination is there between the eligibility workers and the JOBS person? Has that changed over time? Why?

- Do FAC staff discuss cases or referrals with other staff or organizations? If yes, is this on a regular basis? Does it follow a standard format?

- Are there regular meetings or committees established between your unit and other agencies such as the district or CPS? For example, my understanding is that initially the FAC and district/school staff met every two weeks or so. Did you participate? What was the purpose of those meetings? Do they occur now and has their purpose changed?

- How frequently do you or your staff share information about the children and families you serve with other health, social or human service agencies such as the CPS unit and MDT, or other organizations such as Valle de Sol or Conocimiento? What information do they typically need? Is there a formal process to provide this information of is it provided informally?

- How frequently do you or your staff request information from other agencies about individual students and/or their families? What type of information do you typically need? Where and how do you get this information?

**Goals and Objectives**

- What are the goals and objectives of the collaborative effort between Murphy and DES?

- Have the goals and objectives changed over time?

**Administrative and Funding Structure**

- Who was involved in determining needs or services that should be provided on-site? Is that any different from how those decisions are made at other offices?

- Do you have a say in those types of decisions?

- How are you able to determine whether the programs or services you provide are working?

- Are there any activities or positions that are jointly funded between CPS/FAC and the District?

**Attitudes and Knowledge**

- How well informed do you feel about the other services and resources available in the community? To what extent has your knowledge changed? How did you learn about these other services and resources?

- What is your understanding of the reasons for having the FAC on site?

- Do you think on-site services are a good idea? Why or why not?

**Changes in Quality and Access**

- Are the services provided more culturally and linguistically appropriate than before?

- Do you have closer or more frequent contact with the families you serve? Has this changed your perceptions of the families you serve?

- Is this system of providing services better than the old system, same, worse? How?

**Changes in System**

- Has your agency changed any of its policies or procedures as a result of this co-location of services? Can you describe them?

- Have these changed worked?

- (If Emergency Assistance not mentioned, then probe) For example, how has transferring the responsibility of determining eligibility for emergency assistance to District Community Workers worked out? Is it faster, slower, same? Why or why not?

- What changes or improvements would you make to the way you deliver services?

**Perceived Outcomes**

- Are you meeting children and families' needs better than before this collaborative effort?
- Why? What do you attribute this to?
- In your opinion, what difference has locating the FAC office on-site had on the children and families you work with?
- What evidence do you have?
- What has been the biggest advantage of having the FAC office located on-site?
- Are there drawbacks or problems with having FAC office located on-site?
- How do you think locating the FAC and CPS services on-site has improved or will improve student learning?

# Interview Guide for FAC Staff

## Staff Experience, Roles and Responsibilities

- How long have you worked here? Have you worked at other FAA offices in Arizona?
- Briefly, what do you do as an FAC staff member?
- (If worked in other FAA offices before) Are there any significant ways in which your role or responsibilities have changed since the FAC office came on-site?
- Who does the FAC serve? Is it only Murphy families? Are most of the people you work with from Garcia Elementary or one of the other Murphy schools, or from the whole community?
- Did you receive any special training for your work at this site? Do you think this job requires any special skills or knowledge?
- Did you participate in any special training in district or CPS services and procedures? When?
- Were you assigned or did you volunteer for this position? Why did you volunteer/were you assigned here?
- Do you like working here? Why or why not?
- Are there aspects of this job that you find particularly difficult or challenging (as compared to working in other locations)?
- Are there aspects of this job that you find particularly rewarding or satisfying (as compared to working in other location)?

## Description of Services

- How do you receive cases and referrals? Is this different from the way FAA cases are generally handled?
- Is there a formal mechanism for FAC staff to follow-up with school staff or CPS staff who have referred students to them?
- Is your caseload different than before? Is it problematic?
- Do you make referrals to other agencies? Is there any follow-up? Who follows up?

# Interview Guide for FAC Staff

## Communication and Coordination

- Do you coordinate your efforts with other agencies or staff that provide related services at Murphy such as CPS, Conocimiento, the MDT?

- How frequently do you communicate with other staff within the FAC? For example, how much communication and coordination is there between the eligibility workers and the JOBS person? Has that changed over time? Why?

- Do you discuss cases or referrals with other staff or organizations? If yes, is this on a regular basis? Does it follow a standard format?

- Are there regular meetings or committees established between your unit and other agencies such as the district or CPS? For example, my understanding is that initially the FAC and district/school staff met every two weeks or so. Did you participate? What was the purpose of those meetings? Do they occur now and has their purpose changed?

- How frequently do you or your staff share information about the children you serve with other health, social or human service agencies such as the CPS and MDT, or other organizations such as Valle de Sol or Conocimiento? What information do they typically need? Is there a formal process to provide this information of is it provided informally?

- How frequently do you or your staff request information from other agencies about individual students and/or their families? What type of information do you typically need? Where and how do you get this information?

## Goals and Objectives

- What are the goals and objectives of the collaborative effort between Murphy and DES?

- Have the goals and objectives changed over time?

## Attitudes and Knowledge

- How well informed do you feel about the other services and resources available in the community? To what extent has your knowledge changed? How did you learn about other services?

- What is your understanding of the reasons for having the FAC on site?
- Do you think on-site services are a good idea? Why or why not?

**Changes in Quality and Access**

- Are the services provided more culturally and linguistically appropriate than before?
- Do you have closer or more frequent contact with the families you serve? Has this changed your perceptions of the families you serve?
- Is this system of providing services better than the old system, same, worse? How?

**Changes in System**

- Has the FAC changed any of its policies or procedures as a result of this co-location of services? Can you describe them?
- Have these changes worked?
- [*If Emergency Assistance is not mentioned, then probe*:] For example, how has transferring the responsibility of determining eligibility for emergency assistance to you worked out? Is it faster, slower, same? Why or why not?
- What changes or improvements would you make to the way you deliver services?

**Perceived Outcomes**

- Are you meeting children and families' needs better than before this collaborative effort?
- Why? What do you attribute this to?
- In your opinion, what difference has locating the FAC office on-site had on the children and families you work with?
- What evidence do you have?
- What has been the biggest advantage of having the FAC office located on-site?
- Are there drawbacks or problems with having FAC office located on-site?

- How do you think locating the FAC and CPS services on-site has improved or will improve student learning?

# Appendix C:

# Description of Data Sources

## DESCRIPTION OF DATA SOURCES

There are six major data sources for this interim report; the first four listed below were used extensively.

- **Arizona DES Data**

The DES furnished us with a tape that merged files from the AZTECS and APIS eligibility and payment information systems. These administrative data systems contain information on recipients of AFDC, Food Stamps, and MAO (e.g. persons who are eligible for federal medical assistance programs but not AFDC cash payments). We received information from these systems for each month between August of 1992 and July of 1993. Consequently, there are 12 possible benefits hits in this file. In addition, DES sent individual AFDC and Food Stamp files for the months 4/93, 6/93, 7/93, and 2/93, 6/93, 7/93 respectively. Theses files were used for verification of the merged data.

Our AFDC, FS, and MAO variables signify the type and duration of benefits received. For example, if an individual is on AFDC and shows up in the AFDC records for five months the person would be marked as having AFDC with five hits. Individuals receiving benefits are receiving only that benefit at that particular time. However, due to the fact that the data spans an entire year and changes in eligibility status are likely, it is possible for clients to have hits for more than one benefit. In other words, even if AFDC and MAO assistance programs are mutually exclusive, in our data file an individual could be receiving benefits from both AFDC and MAO because they are eligible for these benefits at different times during the year.

- **Murphy School District Data**

From the MSD data system, we obtained demographic, enrollment, withdrawal and discipline data for the students in the Murphy School District for the 1992-1993 and 1993-1994 school years. Information for the entire school year was compiled and sent to us in June of 1993 and 1994.

- **Student Program Participation Data**

We received aggregate counts of students in the Chapter One, Migrant, LEP, Headstart, and Conocimiento programs in '92-'93 by contacting the directors of each program. Each program has its own database and does not include a unique identifier, such as social security numbers or the district's ID number, in their records. Consequently, it is not possible at this time to track the services each individual student receives.

- **District Community Worker Records**

We also used the district community workers' monthly logs of the recipients and types of services for the period September 1993-May 1994. Data from May 1993 was analyzed to develop categories. Information from these hand-written records was coded into categories and entered into a database.

In addition, we also have data from the following sources though they have not been extensively analyzed or used for this report:

- **Murphy School Data**

Teacher classroom records on student grades and attendance have been received for the following time periods: end of year 1993 and 1994, and end of semester, January 1994. Also hand-written, this information has been entered onto a database for future analyses.

- **Sample of FAC Client Surveys**

We also received most of the FAC client surveys (Courtesy Evaluation Forms). Clients are encouraged to fill these surveys out and while a signature is requested, it is not required. Because most clients who filled them out did so anonymously and not all surveys are dated, it is impossible to match these surveys to individual families. Nonetheless they give us some indication of client satisfaction with accessibility of services. Most of the 123 completed surveys that are dated appear to be for the 1993 calendar year.

# Appendix D:

# Types of Services Community Workers Provide

**Breakdown of Services Provided**

| Services | Total Services Provided<br>Number | Total Services Provided<br>Percentage* |
|---|---|---|
| Foodbox | 136 | 14.2% |
| Clothing Room** | 207 | 21.7% |
| Shoes | 43 | 4.5% |
| Furniture | 18 | 1.9% |
| Baby things (crib, clothes, etc..) | 3 | 0.3% |
| AFDC | 14 | 1.5% |
| Foodstamps | 30 | 3.1% |
| FAC (information, referral to, problems with, application assistance) | 24 | 2.5% |
| EA - eviction | 16 | 1.7% |
| EA - utilities | 18 | 1.9% |
| EA - denied / ineligible | 8 | 0.8% |
| EA - rent money | 10 | 1.0% |
| EA - other (help with application, approval notice sent, problems) | 23 | 2.4% |
| TOTAL EA: | 75 | 7.9% |
| Human Resources referral | 14 | 1.5% |
| Medical issues (doctor referral, appointments) | 24 | 2.5% |
| AHCCCS (AZ form of Medicare) | 6 | 0.6% |
| TOTAL MEDICAL: | 30 | 3.1% |
| Job Assistance | 12 | 1.2% |
| Two Parent Employment Program | 6 | 0.6% |
| TOTAL EMPLOYMENT ASST: | 18 | 1.9% |

| Services | Total Services Provided<br>Number | Total Services Provided<br>Percentage* |
|---|---|---|
| Housing: landlord/tenant problems | 7 | 0.7% |
| Housing: help find housing | 10 | 1.0% |
| Housing: other | 5 | 0.5% |
| TOTAL HOUSING: | 22 | 2.3% |
| CPS referral | 5 | 0.5% |
| In home support | 5 | 0.5% |
| Domestic issues (death in family, domestic disputes, family problems) | 14 | 1.5% |
| DOMESTIC TOTAL: | 19 | 2.0% |
| Back To School Clothes | 83 | 8.7% |
| Adopt-A-Family*** | 25 | 2.6% |
| Christmas assistance *** | 24 | 2.5% |
| Social Security (Supplemental benefits, assistance) | 17 | 1.8% |
| Immigration / INS issues | 5 | 0.5% |
| IRS issues | 3 | 0.3% |
| Counseling referral | 6 | 0.6% |
| Community issues (e.g. Garcia Community Kickoff, Neighborhood Block Watch) | 15 | 1.6% |
| GED | 4 | 0.4% |
| Transportation | 11 | 1.2% |
| School enrollment | 6 | 0.6% |
| Other uncoded services | 98 | 10.3% |

* Percentage is based upon the total number of services provided (N = 955) by the community workers.
** Counts only those on documented on community worker logs.
** Due to incomplete data, Christmas assistance and ADAF Program number is an underestimate. ADAF/Christmas assistance matches 75 district families with corporations who provide food, gifts and clothing for the holidays.

**Breakdown of Services by Family**

| Service Provided | Families Receiving Service<br>Number* | Families Receiving Service<br>Percentage* |
|---|---|---|
| Foodbox | 119 | 23.3% |
| Clothing Room** | 162 | 31.7% |
| Shoes | 38 | 7.4% |
| Furniture | 16 | 3.1% |
| Baby things (crib, clothes, etc..) | 3 | 0.6% |
| AFDC | 14 | 2.7% |
| Foodstamps | 29 | 5.7% |
| FAC (information, referral to, problems with, application assistance) | 21 | 4.1% |
| EA - eviction | 16 | 3.1% |
| EA - utilities | 14 | 2.7% |
| EA - denied / ineligible | 8 | 1.6% |
| EA - rent money | 8 | 1.6% |
| EA - other (help with application, approval notice sent, problems) | 21 | 4.1% |
| Human Resources referral | 13 | 2.5% |
| Medical issues (doctor referral, appointments) | 23 | 4.5% |
| AHCCCS (AZ form of Medicare) | 6 | 1.2% |
| Job Assistance | 12 | 2.3% |
| Two Parent Employment Program | 6 | 1.2% |
| Housing: landlord/tenant problems | 7 | 1.4% |
| Housing: help find housing | 10 | 2.0% |
| Housing: other | 4 | 0.8% |

| Service Provided | Families Receiving Service<br>Number* | Families Receiving Service<br>Percentage* |
|---|---|---|
| CPS referral | 5 | 10% |
| In home support | 3 | 0.6% |
| Domestic issues (death in family, domestic disputes, family problems) | 13 | 2.5% |
| Back To School Clothes | 72 | 14.1% |
| Adopt-A-Family*** | 23 | 4.5 |
| Christmas assistance *** | 24 | 4.7% |
| Social Security (Supplemental benefits, assistance) | 15 | 2.9% |
| Immigration / INS issues | 5 | 1.0% |
| IRS issues | 3 | 0.6% |
| Counseling referral | 6 | 1.2% |
| Community issues (e.g. Garcia Community Kickoff, Neighborhood Block Watch) | 7 | 1.4% |
| GED | 3 | 0.6% |
| Transportation | 11 | 2.2% |
| School enrollment | 6 | 1.2% |

* Percentage is based upon the total number of families (N = 511) that have received services from the community workers. Percentages in the right column do not total 100%, nor do numbers in left column total 511, as many families received more than one service.

* Counts only those documented on community worker logs.

** Due to incomplete data, Christmas assistance and ADAF Program number is an underestimate. ADAF/Christmas assistance matches 75 district families with corporations who provide food, gifts and clothing for the holidays.

**Families Receiving Services from District Community Workers**
**(September 1993 - May 1994)**

| Type of Service | Families Receiving Services — Number | Families Receiving Services* — Percentage* |
|---|---|---|
| Crisis Assistance | 264 | 51.7% |
| FAC-related | 52 | 10.2% |
| Emergency Assistance & HRC | 69 | 13.5% |
| Medical | 26 | 5.1% |
| Employment | 17 | 3.3% |
| Housing | 21 | 4.1% |
| CPS-related | 5 | 1.0% |
| Domestic issues | 16 | 3.1% |
| Seasonal and special program assistance | 91 | 17.8% |
| Social Security (benefit and assistance) | 15 | 2.9% |
| Other coded services | 40 | 7.8% |
| Other uncoded services | 80 | 15.6% |

* Percentage is based upon the total number of families that visited the community workers during the 1993-4 school year. Percentages for all the categories do not total 100%, as many families receive services in multiple categories.